FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00				FILED		
COF	PROFIT RPORATION JAL REPORT	FLORIDA DEPARTI Sandra B.	Mortham	Jan 15 1998 8:00am		
1998		Secretary DIVISION OF CO		Secretary of State		
DOCUI	MENT # M1234	2 (5)				
1	R TECHNOLOGIES, INC.	` '				
Principal Plac		Mailing Address				
6861 VISTA PKWY N. 6861 VISTA PKWY N. 19 <del>02 S. CONGRESS A</del> VEN WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33				DO NOT WRITE IN THIS SPACE		
US	DENOTITE GOTT	US	•••	3. Date Incorporated or Qualified	1	
	lace of Business	2a. Mailing Address	1. DIC. 11	03/08/1985 4. FEI Number Applied For	;	
21 686 Suite, Apt.		26 6861 US Suite, Apt. #, etc.	A PKWY N	59-2508043 Not Applicable \$8.75 Additional	<u>e</u>	
City & State	e. 0 ( )	27 City & State		Fee Required  6. Election Campaign Financing  \$5.00 May Be	-	
23 WES	THAIM BEACH FL	28 West / A/a A	BEACL TO \$	Trust Fund Contribution Added to Fees	_	
24 334	f// 25 US	29 3341/ 3	7 2 ~	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
SA	<ol> <li>Name and Address of Curren UVE, RAYMOND J.</li> </ol>	Registered Agent	81 Name	10. Name and Address of New Registered Agent	-	
	61 VISTA PARKWAY N. EST PALM BEACH FL 33411		82 Street Addre	ess (P.Ö. Box Number is Not Acceptable)	-	
•••	OF TALM DENOTITE GOTT		83		<b>-</b>	
			84 City	FL 85 Zip Code	7 .	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar, with, and adject the project of the						
SIGNATURE	Stradue, typed or printed name of legistered age	ATTMOND J	Registered Agent signature require	ed when reinstal/oi) DATE		
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(10/97)	
TITLE NAME	v RILEY, KIMBERLY	TT DETEIR	1.1 TITLE 1.2 NAME	Change Addition	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
STREET ADDRESS	6861 VISTA PKWY N.		1.3 STREET ADDRESS		CR2E034	
CITY-ST-ZIP TITLE	WEST PALM BEACH FL PD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition	- E	
NAME	SAUVE, RAYMOND J.		2.2 NAME			
STREET ADDRESS CITY-ST-ZIP	6861 VISTA PARKWAY N. WEST PALM BEACH FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP			
TITLE NAME	SD SAUVE, DIANNE	☐ DELETE	3.1 TITLE 3.2 NAME	☐ Change ☐ Addition	·	
STREET ADDRESS	6861 VISTA PARKWAY N.		3.3 STREET ADDRESS		ĺ	
CJTY-ST-ZIP	WEST PALM BEACH FL	☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	☐ Change ☐ Addition	$\dashv$	
NAME			4. 2 NAME	- · · · · · · · · · · · · · · · · · · ·	`     .	
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		:	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition	1	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
NAME		L_  DELETE	6.1 TITLE 6.2 NAME	L Change L Addition		
STREET ADDRESS			6.3 STREET ADDRESS			
14. hereby c	ertify that the information supplied with	th this filing does not qualify for t	6.4 CITY-ST-ZIP he exemption stated in \$	Section 119.07(3)(i), Florida Statutes. I further certify that the information	4	
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						
SIGNATURE: 1/2						

**SIGNATURE:**