

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000397 (8)
 1. Corporation Name
SOUTHEAST FLORIDA MANUFACTURING TECHNOLOGY CENTE R, INC.



Principal Place of Business 1000 WEST MCNAB ROAD ROAD 111 POMPANO BEACH FL 33069	Mailing Address 1000 WEST MCNAB ROAD ROAD 111 POMPANO BEACH FL 33069
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3. Date Incorporated or Qualified **01/23/1995** 3a. Date of Last Report

21. Principal Place of Business 1000 W. McNab Road	2a. Mailing Address 1000 W. McNab Rd
22. Suite, Apt. #, etc. Suite 107	27. Suite, Apt. #, etc. Suite 107
23. City & State Pompano Beach - FL	28. City & State Pompano Beach - FL
24. Zip 33069	25. Country Broward

4. FEI Number **65-0556521** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WOLFE, JUNE
 1000 WEST MCNAB ROAD
 ROAD 111
 POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent
 81 Name **ZENTIS, RAY**
 82 Street Address (P.O. Box Number is Not Acceptable) **1000 W McNab Rd**
 83 **Suite 107**
 84 City **Pompano Beach** FL 85 Zip Code **33069**

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 accept the obligations of, Section 617.0504, Florida Statutes.

SIGNATURE **Ramon Zentis** Director DATE **6/6/96**
Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME PENNISI, ROBERT	
STREET ADDRESS C/O MOTOROLA, 8000 W. SUNRISE BLVD.	
CITY-ST-ZIP PLANTATION FL 33322	
TITLE D	<input type="checkbox"/> DELETE
NAME WOLFE, JUNE	
STREET ADDRESS 1000 WEST MCNAB ROAD, SUITE 111	
CITY-ST-ZIP POMPANO BEACH FL 33069	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME KRISHNAIYER, RAMESH	
STREET ADDRESS FL. ATLANTIC UNIV., 777 GLADES ROAD	
CITY-ST-ZIP BOCA RATON FL 33451	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WALKER, BRYANT	
STREET ADDRESS UNITED TECH. PRATT & WHITNEY PO BOS 109600	
CITY-ST-ZIP WEST PALM BEACH FL 33410-9800	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ZENTIS, RAMON
1.3 STREET ADDRESS	1000 W McNab Rd, Suite 107
1.4 CITY-ST-ZIP	Pompano Beach, FL 33069
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WOLFE, JUNE
2.3 STREET ADDRESS	1000 W McNab Rd, Suite 111
2.4 CITY-ST-ZIP	Pompano Beach - FL 33069
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN GARDNER
3.3 STREET ADDRESS	901 SE 17th St Causeway
3.4 CITY-ST-ZIP	Ft. Lauderdale - FL 33316
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John Witherow
4.3 STREET ADDRESS	10112 USA Today way
4.4 CITY-ST-ZIP	Miramar - FL 33025
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001890495
5.3 STREET ADDRESS	-07/11/96--01016--018
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	07109609

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ramon Zentis** Director Date **6/6/96** Daytime Phone # **954-941-0115**
Signature and typed or printed name of signing officer or director

CR2E037 (3/96)