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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000697					
1. Corporation Name SCIENCE AND TECHNOLOGY ADVISORY GROUP FOUNDATION, INC.					
Principal Place of Business 11254 BOCA WOODS LANE BOCA RATON FL 33428 US			Mailing Address 11254 BOCA WOODS LANE BOCA RATON FL 33428 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/09/1996 4. FEI Number 65-0639368 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent SUNSHINE, LAWRENCE 19890 STOCKHOLM DRIVE BOCA RATON FL 33434				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SUNSHINE, LAWRENCE		
STREET ADDRESS	19890 STOCKHOLM DRIVE		
CITY-ST-ZIP	BOCA RATON FL 33434		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SHORE, DAVID		
STREET ADDRESS	11145 BOCAWOODS LANE		
CITY-ST-ZIP	BOCA RATON FL 33428		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	GORDON, SAUL		
STREET ADDRESS	3481 VIA ROSA		
CITY-ST-ZIP	BOCA RATON FL 33433		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	PISKIN, MARVIN		
STREET ADDRESS	11254 BOCA WOODS LANE		
CITY-ST-ZIP	BOCA RATON FL 33428		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SALUS, SYDNEY G		
STREET ADDRESS	1155 RTE A1A, #107		
CITY-ST-ZIP	HILLSBORO BEACH FL 33062		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	REIDER, DANIEL		
STREET ADDRESS	6504 VIA ROSA		
CITY-ST-ZIP	BOCA RATON FL 33433		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	HAZELCORN, ABRAHAM		
1.3 STREET ADDRESS	4301 N OCEAN BLVD		
1.4 CITY-ST-ZIP	BOCA RATON FL 33431		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	KAHN, ROBERT		
2.3 STREET ADDRESS	1200 S. OCEAN BLVD, APT 15H		
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	GENDLER, PAUL		
3.3 STREET ADDRESS	17818 DEANVILLE LANE		
3.4 CITY-ST-ZIP	BOCA RATON, FL 33496		
4.1 TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	LARKIN, HAROLD		
4.3 STREET ADDRESS	14005 OCEAN BLVD N1405		
4.4 CITY-ST-ZIP	BOCA RATON, FL 33432		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	BOOK BINDER, ROBERT		
5.3 STREET ADDRESS	3050 PALMARE DR. NO. #310N		
5.4 CITY-ST-ZIP	POMPAUO BEACH, FL 33069		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	KUSHNER, BENJAMIN		
6.3 STREET ADDRESS	7937 TRAVELERS TREE DRIVE		
6.4 CITY-ST-ZIP	BOCA RATON, FL 33433		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: MARVIN PITKIN, President 3/14/99 (561) 488-3699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E037 (1/198)