


**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90007 002 \*\*\*150.00

08-31-1999 90005 034 \*\*\*400.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P06672</b> 1. Corporation Name <b>CORRDAR LOGIC, INC.</b>					
Principal Place of Business 1500 N.W. 62ND STREET, SUITE 410 FT. LAUDERDALE FL 33309			Mailing Address 1500 N.W. 62ND STREET, SUITE 410 FT. LAUDERDALE FL 33309		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified <b>07/09/1985</b>			4. FEI Number <b>59-2659470</b>		
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		
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. Name and Address of Current Registered Agent <b>GUTTER, STEVEN J., ESQ.</b> <b>8211 W. BROWARD BLVD.</b> <b>PH-4</b> <b>PLANTATION FL 33324</b>		
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			10. 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 accept the obligations of, section 607.0505, Florida Statutes.		
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE PSV NAME RUGGIERO, ROBERT STREET ADDRESS 1500 N.W. 62ND STREET, SUITE 410 CITY-ST-ZIP FT. LAUDERDALE FL 33309			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE T NAME RUGGIERO, ROBERT STREET ADDRESS 1500 N.W. 62ND STREET, SUITE 410 CITY-ST-ZIP FT. LAUDERDALE FL 33309			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.					
<b>SIGNATURE:</b> _____ <b>7/26/99 954-771-1263</b> Signature and typed or printed name of signing officer or director Date Daytime Phone #					

CR2E034 (5/99)