

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16006 (9)

1. Corporation Name

MOBILE TECHNOLOGY INC.



Principal Place of Business

9841 AIRPORT BLVD.
SUITE 1200
LOS ANGELES CA 90045

Mailing Address

9841 AIRPORT BLVD.
SUITE 1200
LOS ANGELES CA 90045

3. Date Incorporated or Qualified
09/17/1987

3a. Date of Last Report
09/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

94-2568732

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the date of filing

DATE Registered Agent signature upon filing is necessary

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME CILURZO, JOSEH
STREET ADDRESS 9841 AIRPORT BLVD.
CITY-ST-ZIP LOS ANGELES CA

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE PS ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME CILURZO, JOSEPH W.
STREET ADDRESS 9841 AIRPORT BLVD.
CITY-ST-ZIP LOS ANGELES CA

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE S ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME MCDONNEL, KEVIN P.
STREET ADDRESS 9841 AIRPORT BLVD.
CITY-ST-ZIP LOS ANGELES CA

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE TV ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME PIKE, JAMES E.
STREET ADDRESS 9841 AIRPORT BLVD.
CITY-ST-ZIP LOS ANGELES CA

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James O. Pike
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James O. Pike

4/9/96

3106418614

Date

Daytime Phone

CR2E034 (12/95)