FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P16006

(9)

MOBILE TECHNOLOGY INC.

| Principal Placi | e of Business | Mailing | Mailing Address | | | | T I DEDITION A TOTAL WATER OR DAY BEFORE DATE OF THE CONTRACTOR OF | - 1 | | | |
|-------------------------|---|-------------------------|---------------------------|-----------|----------|--------------|--|----------------------------------|------------|--|--|
| 9841 AIRPORT BLVD. | | 9641 Ali | 9641 AIRPORT BLVD. | | | | | | | | |
| SUITE 1200 | | SUITE 1200 | | | | | | | | | |
| LOS ANGELES CA 90045 | | LOS AN | LOS ANGELES CA 90045-5424 | | | | | | | | |
| | | | | | | | | e of Last Re | port | | |
| 2 Procupal D | lace of Business | 2n Mail | ing Addross | | | | | 7/1996 | | | |
| <u> </u> | iace of bosiness | n | ing Address | | | | 4. FEI Number | | lied For | | |
| Suite, Apt. | # Att | | Suite, Apt. #, etc. | | | | 94-2568732 Not Applicable \$8.75 Additional | | | | |
| 22 | #, C (C | <u></u> | 27 | | | | 5. Certificate of Status Desired | Fee Red | , | | |
| City & Stali | F | | City & State | | | | O Florita Consulta Slavada | | | | |
| 23 | | - ⊢¬ ' | 28 | | | | 6. Election Campaign Financing Trust Fund Contribution | cing \$5.00 May Be Added to Fees | | | |
| Zip | Country | Zip | | T C | ountry | | This corporation has fiability for intangible to | | ····· | | |
| 24 | 25 | 29 | | 30 | • | | Florida Statutes Yes | | 155.032, | | |
| J -1 | 9. Name and Address of Curre | | l Agent | 1951 | T | | 10. Name and Address of New Registered A | | | | |
| CT | CORPORATION SYSTEM | | | | 81 | Name | | | | | |
| 1200 S. PINE ISLAND RD. | | | | | | | | | | | |
| | NTATION FL 33324 | | 82 Street Ad | | | Street | Address (P.O. Box Number is Not Acceptable) | | | | |
| FLA | MIXHON FE 33324 | | | | 83 | | | , | | | |
| | | | | | | | | | | | |
| | | | | | 84 | City | FL | 85 Zip Ci | ode | | |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.15 | 08. Florida Statu | tes. the | above | -named | corporation submits this statement for the purpose of o | hanoing its | registered | | |
| office or r | egistered agent, or both, in the Stati mitamiliar with, and accept the obliq | e of Florida, Si | uch change was | authoriz | ed by | the corp | poration's board of directors. I hereby accept the appoint | intment as re | egistered | | |
| 1 - | Training with a to accept the conc | jaikins or, dec | 1001 007.0305, 71 | Uriua Si | aiuies | | | | 1 | | |
| SIGNATURE | Signarize Typed or prailed name of registered ag | jent and tille if appli | cable. (NO | E Registe | red Age | nt signature | required when reinstating) DATE | • | | | |
| 12. | OFFICERS AN | ND DIRECTOR | S | 13 |). | | ADDITIONS/CHANGES TO OFFICERS AND I | DIRECTORS | IN 12 | | |
| TITLE | DC | | DELETE | 1.1 | TITLE | | | Change | Addition | | |
| NAME | CILURZO, JOSEH | | | 1.2 | NAME | | | | | | |
| STREET ADDRESS | 9841 AIRPORT BLVD. | | | 1.3 | STREET | ADDRESS | | | | | |
| CHTY-ST-ZIP | LOS ANGELES CA | | | 1,4 | CITY-ST | i-žiP | | | | | |
| TITLE | PS | | DELETE | 2.1 | TITLE | • | | Change | Addition | | |
| NAME | CILURZO, JOSEPH W. | | | 2.2 | NAME | | · | | | | |
| STREET ADDRESS | 9841 AIRPORT BLVD. | | | 2.3 | STREET | ADDRESS | | | | | |
| CHY-SI-ZIP | LOS ANGELES CA | | | 2. 4 | I CITY-S | T-ZIP | | | | | |
| TITLE | S | | ☐ DELETE | | TITLE | | | Спапре | Addition | | |
| NAME | CILURZO, JOSEPH W. | | | 3.2 | NAME | | | | | | |
| STREET ADDRESS | 9841 AIRPORT BLVD. | | | 3.3 | STREET | ADDRESS | | | | | |
| CITY - ST - 7iP | LOS ANGELES CA | | | 3.4 | . CITY-S | T-ZIP | · | | | | |
| TITLE | TV | | DELETE | 4.1 | TITLE | , | | Change | ☐ Addition | | |
| NAME | PIKE, JAMES E. | | | 4. 2 | NAME | | | | | | |
| STREET ADDRESS | 9841 AIRPORT BLVD. | | | 4.3 | STREET | ADDRESS | | | | | |
| CHY-S1-ZIP | LOS ANGELES CA | | | 4.4 | CITY-S | - ZiP | | | | | |
| TITLE | | | DELETE | 5.1 | TITLE | | | Change | Addition | | |
| NAME | | | | 5.2 | NAME | | , | | | | |
| STREET ADDRESS | | | | 5.3 | STREET | ADDRESS | | | | | |
| CITY - ST - ZIP | | | | 5.4 | CITY-S1 | T-ZIP | | | | | |
| TITLE | | | DELETE | | TITLE | | | Change | Addition | | |
| NAME | | | | 62 | NAME | | | | | | |
| STREET ADDRESS | | | | 6.3 | STREET | ADDRESS | | | | | |
| City - St - ZiP | | | | | CITY-SI | | | | | | |

14. I do 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 on an attachment with an address.

SIGNATURE:

310-641-8614

FILED

Feb 27 1997 8:00am

Secretary of State