

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29595

(6)

1. Corporation Name

INTELLIKEY CORPORATION

Principal Place of Business

Mailing Address

551 S. APOLLO BLVD.
SUITE 204
MELBOURNE FL 32901

551 S. APOLLO BLVD.
SUITE 204
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1990

4. FEI Number

59-2959640

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VERGE WILLIAM
551 S. APOLLO BLVD STE 204
SUITE 204
MELBOURNE FL 32901

81 Name

WAYNE WILKERSON

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

551 S. APOLLO BLVD

83

SUITE 204

84 City

MELBOURNE

FL

85 Zip Code

32901

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BARR, DONALD
STREET ADDRESS 551 S. APOLLO BLVD.
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CD
NAME CONN, JOHN L
STREET ADDRESS 551 S APOLLO BLVD SUITE 204
CITY-ST-ZIP MELBOURNE FL

2.1 TITLE D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME CHARLES SILAS DR
STREET ADDRESS 551 S APOLLO BLVD STE 204
CITY-ST-ZIP MELBOURNE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD
NAME VERGE, WILLIAM G.
STREET ADDRESS 551 S APOLLO BLVD STE 204
CITY-ST-ZIP MELBOURNE FL

4.1 TITLE CD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WAGNER, WILLIAM
STREET ADDRESS 551 S. APOLLO BLVD STE 204
CITY-ST-ZIP MELBOURNE FL

5.1 TITLE D
5.2 NAME JOHN BLEWETT
5.3 STREET ADDRESS 551 S. APOLLO BLVD, STE 204
5.4 CITY-ST-ZIP MELBOURNE, FL.

TITLE D
NAME POWELL, KYLE E
STREET ADDRESS 551 S APOLLO BLVD SUITE 204
CITY-ST-ZIP MELBOURNE FL

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 on an attachment with an address.

SIGNATURE: 4:

7/16/98 (407) 724-0700

CR2E034 (5/98)