

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P36765

(6)

1. Corporation Name

NICE TECHNOLOGY, INC.



Principal Place of Business

5000-F OAKES RD
FT. LAUDERDALE FL 33314
US

Mailing Address

5000-F OAKES RD
FT. LAUDERDALE FL 33314
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 403640

27 Suite, Apt. #, etc.

28 MIAMI BEACH, FL.

29 Zip 33140-1640 Country USA

3. Date Incorporated or Qualified
12/20/1991

3a. Date of Last Report
06/12/1995

4. FEI Number
52-1754987

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

9. Name and Address of Current Registered Agent

BORKAN, BURTON
5000-F OAKES RD
DAVE FL 33314

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
12000 BISCAYNE BLVD.

83 SUITE 502

84 City N. MIAMI

FL

85 Zip Code 33181

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

BURTON BORKAN

4/29/96

Signature of person named as registered agent is a true and correct copy of the signature of the person named as registered agent.

(NOTE: Registered Agent signature required when reestablishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD BORKAN, WILLIAM
5000-F OAKES RD
FT. LAUDERDALE FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VO MARTIN, LARRY
5000-F OAKES RD
FT. LAUDERDALE FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

ST BORKAN, BURTON
5000-F OAKES RD
FT. LAUDERDALE FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

12000 BISCAYNE BLVD. #502
N. MIAMI, FL. 33181

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

12000 BISCAYNE BLVD. #502
N. MIAMI, FL. 33181

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

12000 BISCAYNE BLVD. #502
N. MIAMI, FL. 33181

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

100001848181

-06/03/96--01053--030

***208.75

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:

BURT BORKAN

4/29/96

305-893-4059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)