

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P37968** (5)
1. Corporation Name
OPEN SYSTEM TECHNOLOGIES, INC.



Principal Place of Business 767 S. STATE RD. 7 SUITE 20 MARGATE FL 33068	Mailing Address 767 S. STATE RD. 7 SUITE 20 MARGATE FL 33068
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 441 S. STATE RD 7 Suite, Apt. #, etc. 22 Suite 1 City & State 23 Pompano Beach Zip 24 33068		2a. Mailing Address 26 441 S. State Rd 7 Suite, Apt. #, etc. 27 Suite 1 City & State 28 Pompano Beach Zip 29 33068		3. Date Incorporated or Qualified 03/17/1992	
Country 25 Broward		Country 30 Broward		4. FEI Number 38-2987406 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	

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	VP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAM BROWN			1.2 NAME			
STREET ADDRESS	302 NW 87TH AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CYNTHIA J. LANGUELL			2.2 NAME			
STREET ADDRESS	9116 N. W. 40TH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GENTHNER, CHARLES			3.2 NAME	Genthner, Charles		
STREET ADDRESS	767 S STATE ROAD SEVEN STE 20			3.3 STREET ADDRESS	441 South State Rd 7		
CITY-ST-ZIP	MARGATE FL			3.4 CITY-ST-ZIP	Margate, FL 33065		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	Anderson, O Hmer J.		
STREET ADDRESS				4.3 STREET ADDRESS	612 Elm Lane		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	HARBOR SPRINGS, MI		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	S		
STREET ADDRESS				5.3 STREET ADDRESS	Rt 1, Joseph M,		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	2000 Courthouse Plaza		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

CR2E034 (10/97)