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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

ANNU	NUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS				
DOCU 1. Corporation	MENT # P9200	00003758 (9)		
•	S TECHNOLOGY GROUP,	INC.			
				1 154 (154 (154) 154) 154 (154)	
Principal Place	e of Business	Mailing Address			
123 BOONE ST. PENSACOLA FL 32505		123 BOONE ST. PENSACOLA FL 325	26		
U\$		US	-	Date Incorporated or Qualified	3a. Date of Last Report
				11/05/1992	05/01/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc.	26	v	59-3154906	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
7.0		28		Trust Fund Contribution	Added to Fees
Zip 24]	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, □ No
	9. Name and Address of Curre			10. Name and Address of New F	
			81 Name		
MAGRUDER, LLOYD B.			82 Street Ac	Idress (P.O. Box Number is Not Acceptab	ole)
8164 IMPERIAL DR. PENSACOLA FL 32506			83	,	
PENSAL	DULA PL 32006		63		
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607,1508, Florida Statu	tes, the above named con	poration submits this statement for the pur	
	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec			poration submits this statement for the pur pard of directors. Thereby accept the appi	ointment as registered agent. I am
SIGNATURE _					
12.	Signature, typica or princed name of region, in Legici OFFICERS AN	ID DIRECTORS	Ote: Big interen Agend suprature reco	ADDITIONS/CHANGES TO OFF	DATE COCOCA AND DIGIT OF COCCA AND DIGIT OF COCCACA AND DIGIT
TITLE	D	☐ DELETE	1. 1 TIFLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	CROUCH, WILLIAM L		1.2 NAME		
STREET ADDRESS	2531 VALLEY ROAD		1.3 STREET ADDRESS		
CHY-ST-ZIP	NAVARRE FL 32566		14 CITY - ST - Z.P		
TITLE	D MACRUPED ILOVO D	☐ DELETE	2 1 TILE		Change Addition
NAME STREET ADDRESS	MAGRUDER, LLOYD B. 8164 IMPERIAL DR.		2.2 NAME		
CITY-ST-ZIP	PENSACOLA FL		2.3 STREET ADORESS		
TITLE	TENOROGETTE	☐ DELETE	2.4 CHY-ST-ZIP 3.1 TIFLE		Change Addition
NAME		2.2	3.2 NAME		change xosteon
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY-ST-ZIP			3 4 C-TY - ST - ZiP		
TITLE		DELETE	4 1 Table		Change Addition
NAME S2000 LADDOGGO			4.2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	44 CITY - ST - ZIP 5 1 TillE		Change
NAME			5.2 NAME		Change Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 C:1Y S1 ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. It do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarry 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 shal have the same legal effect as if made under cath; 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.

64 CITY+ST-ZIP

SIGNATURE: Sloyd B MOQUELL WALLE & Barfuld 5-1-96 (904) 477 3770