FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P9300014135 Merlin Technology, Inc. Principal Place of Business Mailing Address 115 Baytree Court Winter Springs, FL 115 Baytree Court Winter Springs, FL 3. Date incorporated or Qualified 3a. Date of Last Report 32708 10 Feb 1993 2. Principal Place of Business 2a. Mailing Address Applied For 59-3167308 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032. Zip Country Florida Statutes X Yes No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Avelino J. Gonzalez 115 Baytree Court Winter Springs, FL 32708 Street Address (P.O. Box Number is Not Acceptable) 85 Zip Code 84 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 Floridi. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes. SIGNATURE SIGNATURE 3/2/96 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ☐ Addition 1.11006 CR2E034 1.2 NAME NAME 13 STREET ADDRESS SUBERT ADDRESS COLY - ST - ZIP Springs, FL 14 CHY-ST-ZIP ☐ Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3. 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3.4 CITY ST-ZIP DELETE Addition 4.1 TITLE TIFLE 8000001760276 03/28/96 -01016 -005 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City St-ZiP ***2UO.00 CITY-ST-ZIP Change Addition DELETE 5 1 TIFLE TITLE 5.2 NAME NAME 5.3 STHEL! ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7P CITY - ST - ZIF DELETE 6 1 TITLE ☐ Change Addition THE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CiTY - ST - ZiP

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)(4), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and first my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or preference or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

3/20/96 (407)-696-256

(12/95)