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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000016734 (4)

LAW CORR TECHNOLOGY, INC.

Principal Place of Business Mailing Address 1026 MEADOWLAWN DR. N 1026 MEADOWLAWN DR ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 DO NOT WRITE IN THIS SPACE 3, Date Incorporated or Qualified 03/03/1993 2a. Mailing Address 2. Principal Place of Business 4, FEI Number Applied For 21 26 59-3179192 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARINO, PAUL J 696 1ST AVE N Street Address (P.O. Box Number is Not Acceptable) SUITE 304 83 ST PETERSBURG FL 33701 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition DP 1.1 TITLE TITLE NAME MARINO, VICTORIA A 1.2 NAME 1026 MEADOWLAWN DR. N STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33702-7440 CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 3.1 TITLE

14. Thereby 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 eath; 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.

32 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

DELETE

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3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 City - St - Zip

SIGNATURE:

NAME

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NAME

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NAME

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Change

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Feb 20 1998 8:00am

Secretary of State