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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name	F3400073004
PRISMTEC, INC.	

Principal Place of Business	Mailing Address	
351-A INTERSTATE CT SARASOTA FL 34240	351 A INTERSTATE CT SARASOTA FL 34240	

TATE CT L 34240				Date Incorporated or Qualified 10/05/1994		
ice of Business		;		4. FEI Number	, [Applied For
	26			65-0524107		Not Applicable
t, etc.	Suite Apt #, et	Suite Apt #, etc		5. Certificate of Status Desired	1 1	.75 Additional ee Required
	Oity & State	Oity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Country 25	Ζιρ [29]	Coun 30	Country 8. This corporation has liability for intangible tax under s			er s. 199.032,
9 Name and Address of	of Current Registered Agent	<u>-</u>		10. Name and Address of New I	Registered Agent	
			Name			
ANDOLPH D			Ducot A	ddrass (P.O. Boy Number is Not Accepta	hlo	
		'	Street A	agress tr. O. Box Number is Not Acceptain	Die,	
		6	13			
			M C4.		Toe.	Zip Code
		•	City		FL °°	zip code
ed agent, or both, in the Star	te of Florida. Such change was au	thorized by the co	a named con sporation's t	poration submits this statement for the publicard of directors. Thereby accept the app	irpose of changing continent as regist	its registered office ered agent. I am
Signation type to repeated have a softree			pod special reso	podanie i zing	DATE DIDE	CTODO IN 12
OFFIC	CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRE	
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	Country 25 9. Name and Address of ANDOLPH D NA DR TA FL 34241	SARASOTA FL 34 US Coe of Business 2a. Mailing Address 26 5. etc. Suite Apt #, et 27 City & State 28 Country 25 9. Name and Address of Current Registered Agent ANDOLPH D NA DR TA FL 34241 of the provisions of Sections 607,0502 and 607,1508 Florida Section of the State of Florida Suich change was au	SARASOTA FL 34240 US Ce of Business 2a. Mailing Address 2b. Suite Apt #, etc. City & State 28 Country 7/p 25 29 30 9. Name and Address of Current Registered Agent ANDOLPH D NA DR TA FL 34241 E	Country 28. Mailing Address 26. Suite Apt #, etc. Country 27. Oity & State 28. Country 27. Country 29. Name and Address of Current Registered Agent ANDOLPH D NA DR TA FL 34241 81 Name 82 Street A 83 Street A 84 City a thic provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named our sed agent, or both, in the State of Florida. Such change was authorized by the corporation is the state of Florida. Such change was authorized by the corporation is the state of Florida. Such change was authorized by the corporation is the state of Florida. Such change was authorized by the corporation is the change was authorized by the corporation is the state of Florida.	SARASOTA FL 34240 US 3. Date Incorporated or Qualified 10/05/1994 4. FEI Number 65-0524107 6. etc. Suite Apt #, etc. Coty & State Country Zip Country Zip Country Zip Country Zip Suite Apt # and Address of Current Registered Agent ANDOLPH D NA DR TA FL 34241 To the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above named corporation submits this statement for the puse of agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the approach or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the approach or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the approach or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the approach of the potential of the potential of directors.	SARASOTA FL 34240 US 3. Date incorporated or Qualified 10/05/1994 3. Date incorporated or Qualified 10/05/01/ 3a. Date of Las 10/05/1994 4. FEI Number 65-0524107 5. Certificate of Status Desired 5. State 6. Election Campaign Financing 7. Trust Fund Contribution 7. A Substitute 7. Trust Fund Contribution 7. A Substitute 7. Trust Fund Contribution 8. This corporation has liability for intangible tax under Fiorable Statutes 7. Yes 8. Nome 8. Street Address of New Registered Agent 8. Nome 8. Street Address (P.O. Box Number is Not Acceptable) NADOLPH D 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. On the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named composition submits this statement for the purpose of changing 8. Street Address (P.O. Box Number is Not Acceptable) 8. On the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named composition submits this statement for the purpose of changing 8. Submit of board of directors. Thereby accept the appointment as registered for board of directors. Thereby accept the appointment as registered for board of directors. Thereby accept the appointment as registered for board of directors.

CITY+ST-2iP ☐ Change Addition DELETE 4 1 THEF TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIF CITY-ST-21P ☐ Change ☐ Addition DELETE 5 1 7/112 THEF 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City - St - ZiP CITY-ST-7P [] DELETE ☐ Change ■ Addition TITLE 6 1 TITLE NAME 6.2 NAME 6.3 STHEET ADDRESS STREET ADDRESS 8.4 CI 15 - S* - ZiP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this fung is voluntarily furnished and does not out by 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 directly of the corporation or the reservor in trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. Chapter 6.07, in the accurate with an address.

SIGNATURE:

US OFFICER OR DIRECTOR