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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Mar 13 1997 8:00am

Secretary of State

## DOCUMENT # P94000090634 (4)

SEAGULL TECHNOLOGIES, INC.

| SUITE 107<br>TAMPA FL 336 | WOOD PL. CIR.  | Mailing Address P OBOX 270473 APT 2003 TAMPA F. 33688-0473          |                        |  |   |   |             |                     |                                |  |
|---------------------------|--|---|------------------------|--|---|---|-------------|---------------------|--------------------------------|--|
| US                        |  | U\$   |                        | 3. Date Incorporated or Qualified 12/15/1994 |   | 3a. Date of Last Report<br>05/14/1996   |             |                     |                                |  |
|                           | lace of Business   | 26 P.O. Box   | ) <b>, ,</b> ,         | ×Λ   | 72  | 4. FEI Number 59-3289679  |             | F                   | pplied For                     |  |
| Suite, Apt.               | #. etc.  | Suite, Apt. #, etc.   | <u> </u>               | 7-1  |   |   |             |                     | lot Applicable Additional      |  |
| 22                        |  | 27  |                        |  |   | 5. Certificate of Status Desired  |             | Fee R               |                                |  |
| City & Stat               | e  | City & State  |                        |  |   | 6. Election Campaign Financing  |             | \$5.00              | May Be                         |  |
| 23                        | Country  | 28 TAMPA, F   |                        |  |   | Trust Fund Contribution   |             |                     | to Fees                        |  |
| Zip<br>24                 | 25   | <sup>Zip</sup><br>29 33688-0473 :                                   | Cour<br>Ll ne          |  |   | 8. This corporation has liability for i   |             | tax under s<br>🛮 No | s. 199.032,                    |  |
| 541                       | 9. Name and Address of Currer  |   | 301                    | -31  |   | 10. Name and Address of New Re  |             |                     |                                |  |
| WOLFE, LARRY              |  |   |                        |  | Name  |   |             |                     |                                |  |
| AAA A IOUN KNOV DD        |  |   |                        |  | 82 Street Address (P.O. Box Number is Not Acceptable) |   |             |                     |                                |  |
| TALLAHASSEE FL 32303-6843 |  |   | -                      | _  |   |   |             |                     |                                |  |
|                           |  |   | Į                      | 83   |   |   |             |                     |                                |  |
|                           |  |   | ļ                      | 84   | City  |   | FL          | <b>85</b> Zip       | Code                           |  |
| office or r               | registered agent, or both, in the State<br>im familiar with, and accept the obligi | of Florida. Such change was au<br>ations of, Section 607,0505, Flor | ithorized<br>ida Statu | i by<br>.iles.                               | the corpora   | poration submits this statement for the p<br>tion's board of directors. I hereby accep  | urnose of   | changing i          | its registered<br>s registered |  |
| 40                        | Signature, typed or printed name of registered age                                 |   |                        | Agen   | ı! signature requi                                    | ired when reinstating)  | DATE        |                     | DO 141.46                      |  |
| 12.                       | OFFICERS AN  | DELETE  | 13.                    | 1 &  |   | ADDITIONS/CHANGES TO OFFIC  | ERS AND     | Change              | Addition                       |  |
| NAME                      | PEARSON, ROGER E   |   | 1,2 NA                 |  | Ì   | •   |             | Citatigo            | La Nadion                      |  |
| STREET ADDRESS            | 3612 CARROLLWOOD PL. CIR   | ., APT. 107   | 1                      |  | ADDRESS   |   |             |                     |                                |  |
| CITY-ST-ZIP               | TAMPA FL   |   | 1.4 0/1                |  | - 1   |   |             |                     |                                |  |
| FITLE                     | D  | DELETÉ  | 2.1 111                | LF   |   |   |             | Change              | Addition                       |  |
| NAME                      | PEREZ, MANUEL  |   |                        | 2.2 NAME                                     |   |   |             |                     |                                |  |
| STREET ADDRESS            | 3612 CARROLLWOOD PL. CIR   | ., AIP. 107   | 2.3 STF                | HEET A                                       | ADDRESS   |   |             |                     |                                |  |
| CITY-ST-ZIP               | TAMPA FL   | DILFTE  | 2.4 01                 |  | I - ZIP   |   |             | Change              | Addition                       |  |
| TITLE<br>NAME             |  | otten   | 3.1 TIT                |  |   |   |             | Change              | L_ ADDITION                    |  |
| STREET ADDRESS            | ·  |   |                        |  | ADDRESS   |   |             |                     |                                |  |
| CITY-ST-ZIP               |  |   | 3.4. CF                |  |   |   |             |                     |                                |  |
| TITLE                     |  | DELETE  | 4.1 [1]                |  |   |   |             | Change              | Addition                       |  |
| NAME                      |  |   | 4. 2 NA                | ME   |   |   |             |                     |                                |  |
| STREET ADDRESS            |  |   | 4.3 STF                | REE 1 A                                      | ADDRESS   |   |             |                     | į                              |  |
| CITY-ST-ZIP               | ·  |   | 4.4 CH                 |  | - ZIP   |   | ·····       |                     | — <del>– – – –</del>           |  |
| TITLE                     |  | ☐ DEFELE  | 5.1 7/1                |  | }   |   |             | ☐ Change            | Addition                       |  |
| NAME                      |  |   | 5.2 NAI                |  | A SIDDEGE   |   |             |                     |                                |  |
| STREET ADDRESS            |  |   | 4                      |  | ADDRESS   |   |             |                     |                                |  |
| CITY-ST-ZIP               |  | DELETE  | 5.4 C/T<br>6.1 T/T     |  | · th.   |   |             | Change              | Addition                       |  |
| NAME                      |  | •                             | 6.2 NAI                |  |   |   |             |                     |                                |  |
| STREET ADDRESS            |  |   |                        |  | ADDRESS   |   |             |                     |                                |  |
| CITY-ST-ZIP               |  |   | 6.4 CIT                |  | 1   |   |             |                     | l<br>I                         |  |
| informatio                | or indicated on this annual report or s  | upplemental annual report is tru<br>the receiver or trustee empowe  | ic and a<br>red to ex  | ccur   | ate and that  | d in Soction 119.07(3)(i), Florida Statute<br>I my signature shall have the same lega<br>rt as required by Chapter 607, Florida S | l effect as | if made un          | ider øath; that                |  |