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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000015161 (9)

EMERGING TECHNOLOGIES GROUP, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business Maiting Address NORTHPOINTE, SUITE 370 NORTHPOINTE, SUITE 370 824 U.S. HWY. 1 824 U.S. HWY. 1 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0754676 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KRAUSER, JACKT 824 U.S. HIGHWAY 1 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 370 83 NORTH PALM BEACH FL 33408 84 City Zip Code 85 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 Llorida, 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** (NOTE: Registered Agent signature required when reinstating) Signature: typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Addition TITLE 1.1 TITU Change KRAUSER, JACK T NAME 1.2 NAME CRZE034 824 U.S. HWY. 1, NORTHPOINTE, STE. 370 1.3 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP 1.4 CITY - ST- ZIP Addition DELETE Channe TITLE 21 TITLE 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 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS DITY-ST-ZIP 4.4 City-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - S1 - ZIP 6.4 CITY - \$1 - ZIP

14. Thereby certify that the information supplied with his filing does not quality 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 oath; that I am an officer or director of the corporation or the received for trustee empowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 ill changed, or on an attachment with an analysis.

SIGNATURE:

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