

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000060688 (5)**

1. Corporation Name
ETB TECHNOLOGIES, INC.

Principal Place of Business 3 SPEEN ST SUITE 200 FRAMINGHAM MA 01701 US	Mailing Address 101 SOUTHWALL LANE SUITE 125 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1995	3a. Date of Last Report 04/04/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 59-3328630	Applied For Not Applicable
22 City & State	28	29 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FL, INC.
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, ROBYN A	1.2 NAME	GARCIA, JULIA I
STREET ADDRESS	% 101 SOUTHWALL LANE, SUITE 125	1.3 STREET ADDRESS	% Three Speen St, # 200
CITY - ST - ZIP	MAITLAND FL 32751	1.4 CITY - ST - ZIP	Framingham, MA 01701
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, KEITH O	2.2 NAME	
STREET ADDRESS	% 101 SOUTHWALL LANE, SUITE 125	2.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL 32751	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLGOOD, RANDALL M	3.2 NAME	
STREET ADDRESS	% 101 SOUTHWALL LANE, SUITE 125	3.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL 32751	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, GREGORY G	4.2 NAME	
STREET ADDRESS	% 101 SOUTHWALL LANE, SUITE 125	4.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL 32751	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABACINSKI, DIANA	5.2 NAME	
STREET ADDRESS	% 101 SOUTHWALL LANE, SUITE 125	5.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL 32751	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, BEVERLY	6.2 NAME	
STREET ADDRESS	% 101 SOUTHWALL LANE, SUITE 125	6.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL 32751	6.4 CITY - ST - ZIP	

14. I do hereby 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 oath; 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.

SIGNATURE

Diana Sabacinski 9/5/97 (25)490-2201

CR2E034 (4/97)