

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000073766 (4)**

1. Corporation Name
ANCILLARY TECHNOLOGIES, INC.

Principal Place of Business

**6931 NW 82ND AVENUE
MIAMI FL 33166**

Mailing Address

**6931 NW 82ND AVENUE
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1995

4. FEI Number

65-0634376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

SULLIVAN, DAVID O
264 DESOTO DRIVE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name **DAVID GLASSBERG**
82 Street Address (P.O. Box Number is Not Acceptable)
1450 MADRUGA AVENUE
83 **SUITE 302**
84 City **CORAL GABLES** FL 85 Zip Code **33146**

11. Pursuant to the provisions of Sections 607.0501 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, to 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 agree to the provisions of Section 607.0503, Florida Statutes.

SIGNATURE

Signature of the person or persons authorized to change the registered office or registered agent (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

2/4/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, DAVID O	
STREET ADDRESS	264 DESOTO DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BALOVERAS, MARGARITA	
STREET ADDRESS	8325 S.W. 106 STREET	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	President, Director	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, JOANN	
STREET ADDRESS	12261 S.W. 113 AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VP, Treasurer, Secretary, Director	<input type="checkbox"/> DELETE
NAME	GIL, ANA B	
STREET ADDRESS	563 S. BISCAYNE RIVER DRIVE 10960 SW 116 ST	
CITY-ST-ZIP	MIAMI FL 33180 33176	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SOTOMAYOR, JOSE	
STREET ADDRESS	5700 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	AKINSOJI, JOSIAH	
STREET ADDRESS	8400 SW 133 AVE.	
CITY-ST-ZIP	MIAMI FL 33183	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

Ana B. Gil, Vice **2/3/98**

305-592-0606

CR2E034 (10/97)