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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCORA151

1. Corporation PACIFIC	RIM TECHNOLOGIES, INC.	004131					
Principal Place of Business Mailing Address						•	
2901 W BUSCH BLVD 2901 W BUSCH BLVD							
SUITE 404 SUITE 404 TAMPA FL 33618 TAMPA FL 33618					DO NOT WRITE IN THIS SPACE		
TAMPA FL 33618 TAMPA FL 33618 US US					3. Date Incorporated or Qualifed		
••		50			10/30/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For
21 26					65-0633353	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	- 1
22 27					5. Certificate of Status Desired	Fee Rec	`
City & State City & State					=6.=Election.Campaign.Financing	\$5.00 .4	
23	28			_	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Countr	ry	8. This corporation owes the current year Intangible		
24	25		30		Personal Property Tax.		□No
Name and Address of Current Registered Agent				4 Norma	10. Name and Address of New Registered	Agent	
PARKER, SARA S 13508 AVISTA DRIVE			8	81 Name			
			8:	2 Street Addr	eet Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33624			8	1			
TANIFA (L 00024			•	"			
			8-	4 City		85 Zip C	ode
44 5	,	and 607 1500 Elevida Statuta	a the obs	yo named corn	oration submits this statement for the numose of	changing its r	egistered
office or re	egistered agent, or both, in the State of	of Florida. Such change was au	thorized b	y the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ntment as reg	istered
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statute	s. 		T/c.	
SIGNATURE Signature, typed or profited name of registered agent and title if applicable. (NOTE: Registere				jent signature required	d when reinstating)	3/49	<u> </u>
12.			13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE			1.1 TITLE			Change	Addition
NAME	PARKER, RICHARD S		1.2 NAME	E			
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP			1.4 CITY-	ST-ZIP			
TITLE			2.1 TITLE	:		Change	☐ Addition
NAME	PARKER, SARA S 22N			≣			f
STREET ADDRESS 13508 AVISTA DRIVE 2.3 ST			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAME		. Same Same	•	1.
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY				·
TITLE			4.1 TITLE	<u> </u>		Change	· Addition
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			44 CITY-	-ST-ZIP			Addition
		D SELET-	_	_ 1		[] (hanaa	
TITLE	·	☐ DELETE	5.1 TITLE			Change	☐ Addison
NAME		☐ DELETE	5.1 TITLE 5.2 NAME	E		Change	Addison
NAME STREET ADDRESS	,	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STRE	E EET ADORESS		Change	Addison
NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY-	ET ADORESS ST-ZIP			
NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STRE	EET ADORESS ST-ZIP		Change	Addition

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: