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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094690 (1)

DLB TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

FILED May 12 1998 8:00am Secretary of State



13365 OVERSEAS HWY 13365 OVERSEAS HWY SUITE 101 SUITE 101 DO NOT WRITE IN THIS SPACE MARATHON FL 33050 MARATHON FL 33050 3. Date Incorporated or Qualified 12/11/1995 4. FEI Number Applied For 65-0647895 Not Applicable Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. and Address of Current Registered Agent Name and Address of New Registered Agent Name MILLER, ROBERT K 2975 OVERSEAS HWY Street Address (P.O. Box Number is Not Acceptable) MARATHON FL 33050 83 **84** City 85 Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE LANDMEIER, DENNIS NAME 12 NAME 13365 OVERSEAS HWY SUITE 101 STREET ADDRESS 1.3 STREET AODRESS MARATHON FL 33050 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE BUZA, DEBORAH A NAME 2.2 NAME 13365 OVERSEAS HWY SUITE 101 STREET ADDRESS 2.3 STREET ADDRESS MARATHON FL 33050 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 Addition 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS CITY - \$7 - ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 or an attachment with an address.

SIGNATURE:

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4-30-98254-4400