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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Applied For

Not Applicable

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001224 (0)

9, Name and Address of Current Registered Agent

MIDRANGE TECHNOLOGIES, INC.

FUSTE, GEORGE R R

JACKSONVILLE FL 32223

11555 SWEETWATER OAKS DR. WEST

Mailing Address Principal Place of Business 11555 SWEETWATER OAKS DR. WEST 11111-2A SAN JOSE BLVD #310 JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 3. Date incorporated or Qualified 3a. Date of Last Report 01/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-26 21 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Z_{iD} Zip Country 30 24 29 25

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 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.

B1 Name

82

83

SIGNATURE Signature Type is or printed restricted registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 98/6) DELFTE Change Addition PSTD 1.1 TITLE THEF FUSTE, FEORGE RICHARD 12 NAME NAME CR2E034 11555 SWEETWATER OAKS DR. WEST 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-7P 1.4 CITY - ST-ZIP DELETE Change Addition 2.1 TITLE THILE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZII 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-7H 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS City-St-2iP 4.4 CITY - ST - ZIP DELETE Change Addition THUE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP C(1y - S1 - 20) DELETE Addition Change 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-7P

14. I do hereby certify that the information supplied with this filling 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