

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

FILED
May 12 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 # P96000002988 (9)

1. Corporation Name

PRIMELOGIC TECHNOLOGIES, INC.



Principal Place of Business 1505 N. RIVERSIDE DRIVE SUITE 706 POMPANO BEACH FL 33062	Mailing Address 750 EAST SAMPLE ROAD, BLDG. 3, STE. 230 POMPANO BEACH FL 33064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1996	
21	Suite, Apt. #, etc.	26	1505 N. Riverside Dr	4. FEI Number 65-0655281	Applied For Not Applicable
22	City & State	27	Suite 706	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	POMPANO BEACH, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	33062	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
25		30	USA		

9. Name and Address of Current Registered Agent HUNEKE, THOMAS A 1505 N. RIVERSIDE DRIVE SUITE 706 POMPANO BEACH FL 33062		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNEKE, THOMAS A	1.2 NAME	
STREET ADDRESS	1505 N. RIVERSIDE DRIVE, SUITE 706	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNEKE, OLGA B	2.2 NAME	
STREET ADDRESS	1505 N. RIVERSIDE DRIVE, SUITE 706	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULLOM, JAMES	3.2 NAME	
STREET ADDRESS	3715 SANDPIPER DRIVE, SUITE 4	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULLOM, CHANDRA	4.2 NAME	
STREET ADDRESS	3715 SANDPIPER DRIVE, SUITE 4	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Thomas A. Huneke 4/27/98 (954) 785-4163

CP2E034 (10/97)