

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000020862 (4)

1. Corporation Name
ALTAR TECHNOLOGIES, INC.

Principal Place of Business
10109 SINTON DRIVE
PENSACOLA FL 32507-9152

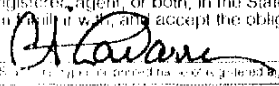
Mailing Address
10109 SINTON DRIVE
PENSACOLA FL 32507-9152



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1996	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3367163		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent LA VARRE, CLAUDE A 10109 SINTON DRIVE PENSACOLA FL 32507-9152		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		FL	

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:  C.A. LA VARRE DATE: 4/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
12.2 NAME CLAUDE A. LA VARRE		1.2 NAME	
12.3 STREET ADDRESS 10109 SINTON DRIVE		1.3 STREET ADDRESS	
12.4 CITY-ST-ZIP PENSACOLA, FL 32507-9152		1.4 CITY-ST-ZIP	
12.5 TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
12.6 NAME		2.2 NAME	
12.7 STREET ADDRESS		2.3 STREET ADDRESS	
12.8 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
12.9 TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
12.10 NAME		3.2 NAME	
12.11 STREET ADDRESS		3.3 STREET ADDRESS	
12.12 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
12.13 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
12.14 NAME		4.2 NAME	
12.15 STREET ADDRESS		4.3 STREET ADDRESS	
12.16 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
12.17 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
12.18 NAME		5.2 NAME	
12.19 STREET ADDRESS		5.3 STREET ADDRESS	
12.20 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
12.21 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
12.22 NAME		6.2 NAME	
12.23 STREET ADDRESS		6.3 STREET ADDRESS	
12.24 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:  CLAUDE A. LA VARRE DATE: 4/10/97 904-492-4464

CR2E034 (9/96)