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

Mailing Address

TAMPA FL 33606-1808

1607 W. CLEVELAND STREET

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business
1807 W. CLEVELAND STREET

TAMPA FL 33606

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jun 02 1997 8:00am

Secretary of State

(96/6)

CRZEG94

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031353 (1)

MICRONET TECHNOLOGIES, INC.

3. Date incorporated or Qualified 3a. Date of Last Report 04/05/1996 Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 Yes No 29 30 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name OVERTON, DOTTI 1607 W. CLEVELAND STREET Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33806 83 A4 City 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 if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. UNDRION DELETE THEF 1 1 TITLE Change Addition DITTI CUEVELIND ST NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.1 CiTY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CHY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY - ST-ZIP DELETE Addition TITLE 4 1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 City-ST-ZIP DELETE Change TITLE __ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 54 CITY-ST-ZIP CITY - ST - ZIP DELETE Change TITLE 61 TITLE Addition 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 DITY-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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.