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May 04, 1999 8:00 am  
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05-04-1999 90090 017 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000038341

1. Corporation Name  
SEEKER TECHNOLOGIES INCORPORATED

Principal Place of Business  
838 NORTH EGLIN PARKWAY  
SUITE 408  
FORT WALTON BEACH FL 32547

Mailing Address  
838 NORTH EGLIN PARKWAY  
SUITE 408  
FORT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/03/1996

2. Principal Place of Business  
21 1270 North Eglin Parkway  
2a. Mailing Address  
26 1270 North Eglin Parkway

4. FEI Number  
59-3376824  
Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 Suite B-10  
27 Suite B-10

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State  
23 Shalimar, FL  
28 Shalimar, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country  
24 32579-1244 25 USA  
29 32579-1244 30 USA

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLYNN, DAVID S  
40 JAMES DRIVE  
SHALIMAR FL 32579

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 *David S Flynn* DATE 27 Apr 99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for CP FLYNN, DAVID S and VP Steven A. Marlow.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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, with all other like empowered.

SIGNATURE: *David S Flynn* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 27 Apr 99 (850)651-2649 Daytime Phone #

CR2E034 (1/98)