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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046714 (7)

NOETIC TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address		
1031 NORTHEAST 17TH TERRACE	4031 NORTHEAST 17TH TERRA		

FILED May 20 1997 8:00am Secretary of State



POMPANO BEACH FL 33084	POMPANO BEACH FL 33064	4-6009		
·		1	3. Date Incorporated or Qualified 05/29/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FFI Number	Applied For
21	26		65-0669673	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	
24 25		30		Yes No
9. Name and Address of Cu	rrent Registered Agent	81 Na	10, Name and Address of New Re	igistered Agent
LIPOFSKY, PHILIP S	· •			
+ 4031 NORTHEAST 17TH TERRACE POMPANO BEACH FL 33064		82 Str	eet Address (P.O. Box Number is Not Acceptate	ole)
FOMPANO BEACH PL 33004		83		
•		04 69		85 Zip Code
		: 84 Cit	•	FL '
Pursuant to the provisions of Sections 607. office or registered agent, or both, in the Sagent. I am familiar with, and accept the or	0502 and 607.1508, Florida Statute tale of Florida. Such change was a bligations of, Section 607.0505, Flo	es, the above nar uthorized by the rida Statutes.	ned corporation submits this statement for the corporation's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE Signature, typed or printed name of registers	d agent and tille if applicable (NO1)	Registered Agent sign	nature required when minstating)	DATE
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE President	☐ DELF1E	1.h TIRLE		☐ Change ☐ Addition
NAME Philip S. Lipof STREET ADDRESS 40 BI NE 17th	sky	1.2 NAME		
STREET ADDRESS 40 BI NE 171	ru	1.\$ STREET ADDR	ESS	•
CITY-ST-ZIP POMPANO BEH P TITLE VICE Presider NAME NICHOEL J. C. STREET ADDRESS 11 Z 11 S militar CITY-ST-ZIP BOYN JON DOTT	L 33064	1.4 CITY - ST - ZIP		Observed the Assertance
THE VICE PRESIDEN	ont Kier	2.111116		Change [Addition
NAME VAICHOLE	u Trail # 16/3	2.2 NAME		
STREET ADDRESS 11211 Smill Co.	73436	2.8 STREET ADDR		
CRY-ST-ZIP BOYN TON DOT	DELETE	2.14 C(1Y - ST - Z(P 3.1 T) TLE	,	Change Addition
NAME		3.2 NAME		-
STREET ADDRESS		3 B STREET ADDR	RESS	
CITY-ST-ZIP		3 M. CITY-ST-ZIP	,	
TITLE	☐ DELF1E	4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4 B STREET ADDR	RESS	
CITY-ST-ZIP		4 I CITY-ST-ZIP		
TITLE	DELETE	5 h 10 L F		Change Addition
NAME		52 NAME		
STREET ADDRESS		5 B STREET ADDR		
CITY-ST-ZIP TITLE	DELETE	5 HICHY-ST-ZIP 6 HITLE		Change Addition
NAME		65 NAME		
STREET ADDRESS	•	63 STREET ADDR	RESS	
CITY-ST-ZIP		G/4 C(1Y-S1-2IP		1
VIII VI 27				

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 eath; 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 chapted, or on an attachment with an address.

4.94.09 984-06-136