FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 **PROFIT** May 01 1998 8:00am FLORIDA DEPARTMENT STATE **CORPORATION** Sandra B. Morth ANNUAL REPORT Secretary of State Secretary of Stat DIVISION OF CORPOR HONS 1998 DOCUMENT # P96000057499 (1) THE TECHNOLOGICAL ADVANTAGE, INC. Principal Place of Business Mailing Address 4300 N. UNIVERSITY DRIVE 4300 N. UNIVERSITY DRIVE SUITE C-202 SUITE C-202 DO NOT WRITE IN THIS SPACE LAUDERHILL FL 33351 LAUDERHILL FL 33351 3. Date Incorporated or Qualified 07/09/1996 2. Principal Place of Business 4. FEI Number Applied For 11218 R 65-0682114 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State **\$5.00** May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees itry 8. This corporation owes or has paid the current year Intangible JSAYes 24 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WILD, JAN 12509 N.W. 10 PLACE 82 SUNRISE FL 33323 83 Zin Code 3302 84 11. Pursuant to the provisions of setions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered corporations of, Section 607.0505, Florida Statutes. office or registered agent, or agent. I am familiar with, and WILLY SIGNATURE (NOTE Registered Agent signat to reculted when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE 1.1 THE Addition TITLE REY-TINAT, AGNES NAME 1.2 NAME 4300 N. UNIVERSITY DRIVE, SUITE C-202 1.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33351 14 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE WILD, JAN 2.2 NAME NAME 4300 N. UNIVERSITY DRIVE, SUITE C-202 STREET ADDRESS 2.3 STREET ADDRESS LAUDERHILL FL 33351 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Addition TITLE 3.1 THILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - \$1 - ZIP DELETE Change Addition 5.1 TIFLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the received Block 12 or Block 13 if changed, or on an attachm

(10/97)

4-25 (954)442.8240