SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061000 (1)

1. Corporation	ATIVE TECHNOLOGIES (JO (1)		٠				
Principal Place of Business Mailing Address									
1191 E. NEWPORT CENTER DRIVE 1191 E. NEWPORT CENTER DI									
SUITE 209 SUITE 209				****		DO NOT WOLFE IN THE COLOR			
DEERFIELD E	BEACH FL 33442	DEERFIEL	DEERFIELD BEACH FL 33442			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report			
						07/22/1996	38. 0	ale of Last H	төрөп
	lace of Business	2a. Mailing	Address			4. FEI Number		Ar Ar	oplied For
21		26							ot Applicable
Suite, Apt.		27				5. Cortificate of Status Desired			Additional equired
City & State	•	City & 8	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country		Zip			,	8. This corporation owes or has p	aid the cu		
24	25		30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Cur	rent Registered Ag	ent		T	10. Name and Address of New R	egistered	Agent	
	JNGS, INC.			81	Name				
	32 N.W. 16TH STREET . LAUDERDALE FL 33311-413	٨	82 Stree			dress (P.O. Box Number is Not Accepta	sbie)		
	. LAUDENDALE FL 33311-413	e.	83						
				84	City		FL	85 Zip (Code
11 Purcuant	to the provisions of Spotions 607	3502 and 607 1508	Elorida Stalul	oc the abov	o named co	rootation cultimits this statement for the			te registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sim familiar with, and accept the of					rporation submits this statement for the ation's board of directors. I hereby accurate when reinstating)	ept the app	pointment as	registered
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		D DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 THILE				Change	Addition
NAME	Persaud, a			1.2 NAME					
STREET ADDRESS	1191 E. NEWPORT CENT		R, S-209 1.3 STREET AC						
CITY-ST-ZIP	DEERFIELD BEACH FL 33	442		1.4 CITY - 9	ST - ZIP				
TITLE			DELETE	2.1 f(TLE	- 1			Change	Acdition
NAME	l			2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP	·		1	2.4 CITY-	ST-ZIP				
TITLE		ı	DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET					
CITY-ST-ZIP TITLE	···		DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP			Change	☐ Addition
NAME		'		4.1 MAME					
STREET ADDRESS				4.2 NAVE	* * PDDDECC				
CITY-ST-ZIP				4.4 CITY-S					
TITLE			DELETE	51 TITLE	,, Ti			Change	Addition
NAME ·		·		5.2 NAME				_ •	
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - 9	1				
TITLE			DELETE	6.1 TITLE				Change	noifit bA
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
COTY OT NO				A A OITY O	7 70				

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 proper polymental 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 corner along 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 or chipque, or on an attachment with an address.

FILED

Sep 18 1997 8:00am

Secretary of State