

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

FILED

**Apr 24 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000066936 (1)
1. Corporation Name
G3 TECHNOLOGIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4201 W. MCNAB RD. STE 21 POMPANO BEACH FL 33069	Mailing Address 4201 W. MCNAB RD. STE 21 POMPANO BEACH FL 33069
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3. Date Incorporated or Qualified 08/08/1996	4. FEI Number 38-3306757	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 6670 Sw Fifth Street Suite, Apt. #, etc	2a. Mailing Address 26 6670 Sw Fifth Street Suite, Apt. #, etc.
22 City & State 23 Margate, FL Zip Country	27 City & State 28 Margate, FL Zip Country
24 33068	25 Broward
29 33068	30 Broward

9. Name and Address of Current Registered Agent
**CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name Lance P. Mirrer, CPA
82 Street Address (P.O. Box Number is Not Acceptable) 200 South Pine Island Road
83 Suite # 200
84 City Plantation
85 Zip Code FL 33324

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 for 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: *Lance P. Mirrer* DATE: **4-9-98**

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	HANKS, GRAYSON C III	
STREET ADDRESS	4201 W. MCNAB RD STE 21	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hanks, Grayson C. III	
1.3 STREET ADDRESS	6670 SW Fifth Street	
1.4 CITY-ST-ZIP	Margate, FL 33068	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Grayson C. Hanks III* **Grayson C. Hanks III 4/15/98 (954)917-4070**

CR2E034 (10/97)