	TICE: CORPORATION WILL BE I			1999.		
COR ANNL	PROFIT PROFIT PROPINED AL REPORT 1999	FLORIDA DEPAR Katherin Secretary DIVISION OF CO	of State	99 OCT 14 AM 11: 3?		
DOCUMENT # P96000066936				99 001 14 AP(1): 57		
i '	HNOLOGIES, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Plac 6670 SW FIFTH		Mailing Address 6670 SW FIFTH ST		regeren; tie taus auch estit, ebitt seits sitte Sitte 1946 Sitt Sitt (62)		
	ARGATE FL 33068 MARGATE FL 33068			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				08/08/1996		
2. Principal P	lace of Business	28. Mailing Address 26 Clo Lance P. N	licer Cel	4. FEI Number Applied For Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.	- 0	\$ Contificate of Status Desired \$8.75 Additional		
[22] City & Stat	e	27 BOX 2608 City & State	77	Fee Required 6. Election Campaign Financing \$5.00 May Be		
23			tines, F	Trust Fund Contribution Added to Fees		
Ζ _(Γ)	Country 25	29 Zip 33026 3	Country 30 Browa	8. This corporation owes the current year Intangible Personal Property. Yes No		
[24] [.	9. Name and Address of Currer	[28]		10. Name and Address of New Registered Agent		
MIRRER, LANCE P. 200 SOUTH PINE ISLAND ROAD SUITE 206 PLANTATION FL 33324 81 Name Micros Lance T. 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City Cope City FL 85 Zip Code : 23324						
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named conforation submits this statement for the purpose of changing its registered office or registered agent, or 20th, 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 Immiliar with fine accept the obligations of sections 607.0505, Florida Statutes. SIGNATURE						
12.	Sign fure, typed or printed name of registered light OFFICERS AN	nt and site if applicable (NOTI	E: Registered Agent signatu 13.	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	DELETE	1.1 TITLE	PD P Change Addition		
NAME STREET ADDRESS	HANKS, GRAYSON C III 6670 SW FIFTH ST		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33068		1.4 CITY-ST-ZIP			
TITLE NAME	75	☐ DELETE	2.1 TITLE 2.2 NAME	TS Change Addition Change Addition		
STREET ADDRESS			2.3 STREET ADDRESS	6670 SW 5 St.		
City-St-ZiP			2.4 City-ST-ZIP	Margate, FL 33068		
TITLE NAME	: 	DELETE	3.2 NAME	☐ Change ☐ Addition		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY ST ZIP			3.4 CITY-ST-ZIP	6000030230167 -10/22/9901446008diion		
TITLE NAME		DELETE	4.1 TITLE 4.2 NAME	-10/22/9901 41461008dition		
STREET ADDRESS			4.3 STREET ADDRESS	****158.75 ****158.75		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE NAME		L_J DELETE	5.1 TITLE 5.2 NAME	L_] Change L_] Addition		
STREE LADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	Change Addition		
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	1 18		
CiTY-ST-ZiP			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 cath; 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:

Lance P. Mirrer, CPA, P. A.

Certified Public Accountants & Financial Consultants

P.O. Box 260879 Pembroke Pines, FL 33026 (954) 432-1099/<u>FAX</u> (954) 443-6123 E-mail: cpa@taxmancpa.com

October 7, 1999

Florida Department of State Division of Corporations Annual Report Filings Box 1500 Tallahassee, FL 32302-1500

Re:

G3 Technologies, Inc Doc # P96000066936

Dear Madam or Sir:

I have received your letter of September 16, 1999, returning the corporate annual report and payment. Please review this case because I believe there is sufficient reasonable cause to abate the late filing fee.

This corporation never received their initial filing notice. When they did not receive your renewal notice, they believed I, as their CPA had filed the report for them.

To avoid this error in the future, we have changed their mailing address to my PO Box where I can monitor and confirm timely payment.

Enclosed are properly completed & executed 1999 Annual Report and payment for the above corporation. On behalf of this corporation, I request you to abate the late filing penalty due to reasonable cause and accept the enclosed payment.

Please call if you need any further information or clarification on this matter.

Sincerely,

Lance P. Mirrer,

SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED # Z 847 019 112