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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 28 1998 8:00am Secretary of State

DOCUMENT # P960000 67461

XS TECHNOLOGIES, INC							
Principal Place of Business  Mailing Address  300  CURRY FOFD FD.  300  CURRY FOFD FD.							
ORLANDO, FL 32804 ORLANDO, FL 32804				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		]
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		oplied For
21	26				59-3394759	<del></del>	ot Applicable
Suite, Ap1. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22	27				5. Certificate of Status Desired	Fee R	equired
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be
Zip Country	Zip Country				Trust Fund Contribution   8. This corporation owes or has paid the c		to Fees
24 25	<u>├-</u>	30	•		Personal Property Tax due June 30.		No
9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	
PARK, JOHN N.			81   1	Name			
•			82 8	Street Addr	ress (P.O. Box Number is Not Acceptable)		
3001 CURRY FORD AD.			83				
ORLANDO, FL 32804							
		6	<b>B4</b> (	City	F	<b>85</b> Zip	Code
<ol> <li>Pursuant to the provisions of Sections 607.0507 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.</li> </ol>	of Florida. Such change was at	uthorized	by th	named corp ne corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing it pointment as	ts registered registered
SIGNATURE Signature, typen or printed hance of registerert ager	ril and title if applicable (NOTE	Rogistenia	Agest s	signature regulir	ed when reinstating) DATE		
12. OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 12
TITLE TRESIDENT.	☐ DELETE	1.1101	1.1 1ጠ↓€			Change	Addition
NAME PARK, JOHN N.		1.2 NAM					
STREET ADDRESS BOD CULRY FOLD (D.		1.3 STREE					
CITY-ST-ZIP OFLANOO, FL 32804	DELETE	1.4 CITY-ST-ZIP 2.1 HILE		ZIP		Change	Addition
NAME PARK, OMHSTINE	peren	22 NAME		Ì		Change	Addition
STREET ADDRESS 300 CURLY FORD RD.	LLY FORD RD. 235			DRESS			
CITY-ST-ZIP DELANDO, FL 32906	2.40			ZIP			
TITLE	☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME		3 2 NAME					<b>\</b>
STREET ADORESS		3 3 S1R					
CITY-ST-ZIP TITLE	DELETE	3.4 CITY 4.1 TITL		ZIP		Change	Addition
NAME	Care Care Care Care Care Care Care Care	4. 2 NAME				- onlinge	NOOMOII
STREET ADDRESS		4.3 STREET ADDRESS		DRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP		Į			
TITLE	■ DELETE	5 1 TITLE			7000025045	<del>Cha</del> nge	☐ Addition
NAME		5 2 NAM	. 5.2 NAME		7000025045 -04/29/9801013	022	
STREET ADDRESS		5 3 STREET ADDRESS			***150.00		
CITY-ST-ZIP	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		PIP .		☐ Change	Addition
TITLE NAME	LJ DULLE	6.2 NAME				•	
STREET ADDRESS		6.2 NAM		DRESS		PE	
		1 ***					20

14. Thereby certify that the information supplied with this filling 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 employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plock 13 of Report of the corporation or the receiver or trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

41778

(407) 895-0070