Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90146 019 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067461

1. Corporation Name

XS TECHNOLOGIES, INC.

Principal Place of Business Mailing Address						1		•••••			11184 1181 1881
3001 CURRYFORD ROAD 3001 CURRYFORD R											
ORLANDO FL 32806 ORLANDO FL 32806							DO NOT MIDITE IN	T1110 C	DACI	_	
US US						DO NOT WRITE IN THIS SPACE					
							Date Incorporated or Qualifed 08/14/1996	_			
Principal Place of Business Za. Mailing Address						4. FEI Number			- ' '	lied For	
26						59-3394759				•	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
22	27										
City & State	City & State					Election Campaign Financing				May Be	
23	28					Trust Fund Contribution Added to Feet				rees	
Zip	Country	<u> </u>	ountry	У		8.	This corporation owes the current ye		ngible □ Ye:		□No
24	25	29 30	-			<u> </u>	Personal Property Tax.				7140
	9. Name and Address of Current	Registered Agent	81	1		10.	Name and Address of New Regist	eiea v	yen		_
DADI	K IOHN N		01	'	varrie			_			
PARK, JOHN N			82	2 8	treet Addre	ss (F	P.O. Box Number is Not Acceptable)				
3001 CURRYFORD ROAD				1_							
ORLANDO FL 32806			83	3							
			84	1 (City				85 Zip Code		
					-			FL_	11		
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, or 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											
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Registe	red Age	nt siç	gnature required						
12.	OFFICERS ANI		3		- · · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFFICER	RS ANI			
TITLE	<u> </u>		1.1 TITLE					□ Ch	ange	☐ Addition	
NAME	7 444, 9 544 74		1.2 NAME							ļ	
STREET ADDRESS			1.3 STREET ADDRESS								
CITY-ST-ZIP			1.4 CITY-ST-ZIP								
TITLE	V	☐ DELETE 2.	2.1 TITLE						☐ Ch	ange	☐ Addition
NAME	PARK, CHRISTINE	2.21		2.2 NAME							Í
STREET ADDRESS			2.3 STREET ADDRESS								
CITY-ST-ZIP	ORLANDO FL 32806	2.	2. 4 CITY-5		<u>n</u> P			·			·• · ·
TITLE		DELETE 3.	3.1 TITLE						CH	ange	Addition
NAME		3.	3.2 NAME								
STREET ADDRESS		3.	3 STREE	ET AD	DRESS						Ì
CITY-ST-ZIP		3.	3.4. CITY-S		ziP	_					
TITLE		☐ DELETE 4.	4.1 TITLE						CH	ange	Addition Addition
NAME		4,	4, 2 NAME								
STREET ADDRESS		4	4.3 STREET		DRESS						}
CITY-ST-ZIP			4 C/TY-5								
TITLE			5.1 TITLE		-				CH	ıange	Addition
NAME			.2 NAME			•			•		
STREET ADDRESS		5	3 STREE	ET AD	ORESS						
CITY-ST-ZIP	S		4 CITY-ST-ZIP								ĺ
TITLE	ZP		TITLE						CI	iange	Addition
			6.2 NAME								
NAME											ļ

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 reports 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 895-0070