

FILE NOW: FILING FEE AFTER MAY 14S \$550.00

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Sep 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997.		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **INVESTMENT Technologies**
1. Corporation Name **corporation**
7011 woodmont way, tamarac, FL 33321
DUN: 976000069429 PA6000069429

Principal Place of Business 3412 Coral Springs Dr Coral Springs Florida 33065	Mailing Address P.O. Box 772254 Coral Springs Florida 33077
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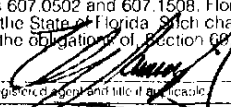
2. Principal Place of Business 21 3362 Coral Springs Dr Suite, Apt. #, etc 22 San Reno City & State 23 Coral Springs Zip 24 33065	2a. Mailing Address 26 P.O. Box 772254 Suite, Apt. #, etc 27 City & State 28 Coral Springs Zip 29 33077	Country 25 Florida 30 Florida
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3. Date Incorporated or Qualified 8/20/96	3a. Date of Last Report 04/22/97
4. FEI Number 65-0689245	Applied For 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 has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
INCORPORATION PLUS, INC
1214 N. UNIVERSITY OF
PLANTATION FL 33322 US

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE  **29 Aug 1997**
Signature typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR / SHARE HOLDER <input checked="" type="checkbox"/> DELETE
NAME	Michael Cottill
STREET ADDRESS	7011 woodmont way
CITY-ST-ZIP	tamarac FL 33321
TITLE	Director / Share Holder <input type="checkbox"/> DELETE
NAME	Melroya Gladidge
STREET ADDRESS	3362 Coral Springs Dr
CITY-ST-ZIP	Coral Springs FL 33065
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

11 TITLE	Director / Share Holder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
12 NAME	Melroya Gladidge
13 STREET ADDRESS	3362 Coral Springs Dr
14 CITY-ST-ZIP	Coral Springs Florida 33065
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 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:  **29 Aug 1997** **954 7534338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)