

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

FILED
Apr 21 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P97000008364 (6)**
1. Corporation Name
COORDINATED SYSTEM TECHNOLOGIES, INC.

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| Principal Place of Business 4341 N.W. 90TH TERRACE CORAL SPRINGS FL 33065 | Mailing Address 4341 N.W. 90TH TERRACE CORAL SPRINGS FL 33065 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|-----------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/28/1997 | |
| 21 Suite, Apt #, etc. | | 26 Suite, Apt #, etc. | | 4. FEI Number 12-12345678 65-072-9335 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent STEINBORN, ELAINE 4341 N.W. 90TH TERRACE CORAL SPRINGS FL 33065 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name ROLF JAHN | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 4341 N.W. 90TH TERRACE | | | |
| | | | | 83 | | | |
| | | | | 84 City CORAL SPRINGS FL 85 33065 | | | |

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 *Rolf H. Jahn* **ROLF HANS JAHN DIRECTOR 3/26/98**
Signature, typed or printed name of registered agent and date if applicable (None. Registered Agent signature required when reinstating) DATE

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE D | | | | 1.1 TITLE RP | | | |
| 1.2 NAME STEINBORN, ELAINE | | | | 1.2 NAME ROLF JAHN | | | |
| 1.3 STREET ADDRESS 4341 N.W. 90TH TERRACE | | | | 1.3 STREET ADDRESS 4341 NW 90TH TERRACE | | | |
| 1.4 CITY-ST-ZIP CORAL SPRINGS FL 33065 | | | | 1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065 | | | |
| 2.1 TITLE | | | | 2.1 TITLE | | | |
| 2.2 NAME | | | | 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
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| 5.2 NAME | | | | 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | | | 6.1 TITLE | | | |
| 6.2 NAME | | | | 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| 6.4 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 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 *Elaine Steinborn* **ELAINE STEINBORN DIRECTOR 3/26/97 954.752.5174**

CR2E034 (10/97)