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

STREET ADDRESS

Block 12 or Block 13 if changed, or on an

CITY-ST-ZIP

P**RO**FIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham ANNUAL REPORT FILED Secretary of State 1**9**98 DIVISION OF CORPORATIONS 98 JUH - 5 FH 3: OL TALLAHASSEE, FLORIDA P97000009227 (4) DOCUMENT #
1. Corporation Name GB TECHNOLOGIES, INC. Principal Place of Business Mailing Address 1440 INDIAN TRAIL NORTH 1440 INDIAN TRAIL NORTH PALM HARBOR FL 34683 PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-342 25<u>99</u> 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zin Country Zip 8. This corporation owes or has paid the current year Intangible X Yes ΠNo 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **ROMAN & ROMAN** 2196 MAIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE L 83 **DUNEDIN FL 34698** 84 City 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 obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition Ď DELETE 1.1 TITLE TITLE **000002557770--**-06/12/98--01012--013 NAME MOSS, KENT 1.2 NAME 8910 NORTH DALE MABRY, STE 8 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33614** <u>****150.00</u> ****150.00 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITI F NAME **BENNETT.** STEPHEN 2.2 NAME 1440 INDIAN TRAIL NORTH 2 3 STREET ADDRESS STREET ADDRESS **PALM HARBOR FL 34683** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETÉ TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

11-18-90

64 CITY-ST-ZIP 14. Thereby 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 13 if chapter of the corporation of the