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

DOCUMENT # P97000014946 (2)

IDIOM TECHNOLOGIES, INC.

FILED Mar 19 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			- 1 HOBERBOOK OUD HOUSE HOURS BOKEN DOLLE OPEN DOLDE H	EUF OUDDA IDDU PFE	AF 814 1881
1011 E BROAD STREET		1011 E BROAD STREET					
TAMPA FL 33604		TAMPA FL 33604		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					02/12/1997		
2. Principal Place of Business		26. P.O. Box 9787			4, FEI Number		oplied For
Suite, Apl. #, etc.		Suite, Apt #, etc.		59-3431084		ot Applicable Additional	
22		27		5. Certificate of Status Desired		equired	
City & State		City & State	1^{-1}		6. Election Campaign Financing	\$5.00	May Be
Zip Country				PIDA	Trust Fund Contribution	Added 1	to Fees
24]	Country 25	20 33674-9787	Country	A	This corporation owes or has paid the questional Property Tax due June 30.		tangible No
EEL	g, Name and Address of Curre			· • · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered		_ NO
HESS, STUART 81 Name							
1011 E BROAD STREET				reat Addre	ess (P.O. Box Number is Not Acceptable)		
TAMPA FL 33604					as (1.6. box Hornber is Not Acceptable)		
1			63			<u></u>	
			84 Ci	ty		85 Zip (Code
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this stetement 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 Statutos.							
SIGNATURE	Signature, typod or printed manin of registered ap	ont and title it approache (NOTE	Registered Agent sig	nature required	d when reinstating) DATE		
12.		ID DIRI CTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1 TOLE			Change	☐ Addition
NAME	HESS, STUART		1.2 NAME				
STREET ADDRESS CITY-ST-ZIP	1011 E BROAD STREET TAMPA FL 33604		1.3 STREET ADDRE				.
TITLE	DEL		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition (
NAME			22 NAME				
STREET ADDRESS			2.3 STREET ADDR	ESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZI	,			
TITLE		DELETE	3 1 TIFLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDR				
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIE 4.1 TITLE	<u> </u>		Change	☐ Addition
NAME			4.2 NAME			CT CHRINGS	
STREET ADDRESS			4.2 NAME 4.3 STREET ADDR	FSS			1
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELFTE	5.1 TITLE	<u> </u>		Change	Addition
NAME			5.2 NAME				İ
STREET ADDRESS			5.3 STREET ADDR	ESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP				
TITLE		[_] DELETE	6.1 TITLE	1		Change	Addition
NAME CTREET ADDRESS			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDR	ESS	•		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		****		

14. I hereby cortify 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 the provider or 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

SIGNATURE

), . .

STUART . 1. HESS SI

3/12/98 941-741-448