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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P97000028428 (5)**

POSTURAL TECHNOLOGIES, INC.

## FILED May 07 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		1 148116ft an Inni 18811 68111 66111 66111 6811 (1881 1811) 41616 11611 1811 1811
2550 PARK STREET 2550 PA		2550 PARK STREET		
JACKSONVIL	LE FL 32204	JACKSONVILLE FL 32204	}	DO NOT HOTE IN THE ODIO
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
6 Disabat D	Place of Business	Oc. Mail as Address		03/31/1997
	Tace or Business	2a. Mailing Address		4. FEI Number Applied For Applied For
21 Suite Ant	4 010	Suite, Apt. #, etc.		59-395 39 Not Applicable
Sulte, Apt.	#, etc.	<del></del>		Certificate of Status Desired     Section   Section
City & Stat	<u></u>	City & State		
23		ê '		B. Election Campaign Financing     Trust Fund Contribution     Added to Fees
Zip	Country	Zip	Country	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
27	9. Name and Address of Cur		1301	10. Name and Address of New Registered Agent
VPDPATT MATHERPAI				
12000 ATTRILL ROAD /1846 Narrow) 82 Street Address (P.O. Box Number is Not Acceptable)				
12000 ATTRILL ROAD /1846 Narrow 82 Street Addres JACKSONWILLE FL 32250 Oak CW N 82 Street Addres  Tac Ksonville Fl 83  32223 84 City				Address (P.O. Box Number is Not Acceptable)
<u>بر</u>	MANGOTANISCE LE OFFICO	a Van Colle	E/ 83	
	70	ic ksonulle i	-1   50	
	_	3228	23 84 City	85 Zip Code
44 5	,			FL   P   P   P   P   P   P   P   P   P
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 bottly 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 fat diar with, and accept the obligations of Section 607.0505, Florida Statutes.				
agent. Ham faginar with, and accopy the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	3astrue 1	lath		76010
12.	Signification (Specific Control of Specific Co	AND DIRECTORS	Registered Agent signature 13.	o required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	n OFFICERS	DELETE	1,1 TITLE	Change Addition
	BURNAROOS, PATRICIA	C better		Change Change
NAME	4223 PENINSULA RD.		1.2 NAME	
STREET ADDRESS	STANWOOD WA 98292		1.3 STREET ADDRESS	
CITY-ST-ZIP	D TIME OF THE BOLDE	DELETE	1.4 CITY-ST-ZIP	None I Idditos
TITLE	YERRATT, KATHLEEN	Detter	2.1 TITLE	With leen Yerratt Thange Addition
NAME	12880 ATRRILL ROAD		2.2 NAME	11841- Narray Oak (N N.
STREET ADDRESS	JACKSONVILLE FL 32258		2.3 STREET ADDRESS	770 10 10 10 10 Cd 20 20 20 3
CITY-ST-ZIP	WACKSONVILLE PL 32236	- I pri ste	2. 4 CITY - ST - ZIP	Wothleen Yerratt Schange Addition 11846 Narrow Oak W N. Jacksonville F1 32-223
TITLE		☐ DELETE	3.1 TITLE	L Change L Adoltion
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	.1
STREET ADDRESS			5.3 STREET ADDRESS	J (\1)
CITY-ST-ZIP			5.4 CITY-ST-ZIP	) Scott
TITLE		DELETE	6.1 TITLE	4000025180394 Addition -05/11/9801019001
NAME			6.2 NAME	-05/11/9801019001
STREET ADDRESS			6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP	•		6.4 CITY - ST - ZIP	<del>-</del> "
	certify that the information supplier	with this filing does not qualify fo		ed in Section 119 07(3)(i) Florida Statutes I further certify that the information

Indicated on this annual report or supplied with mis iming does not qualify in the example in sactor if section 119.07(3)(i), Florida Statutes. Interior certify that the information indicated on this annual report or suppliemental 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 compristion 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 chapter 607, or on an attach then with an address.

SIGNATURE JOHN (10 10 tt tothlogo / 10 mm + 4/20/PS