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Jul 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000032541 (9)**

1. Corporation Name
ACTIVE INTELLECT, INC.

Principal Place of Business	Mailing Address
1530 N.W. 128TH DR. #202 SUNRISE FL 33323	1530 N.W. 128TH DR. #202 SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3142 NW 114 LANE

2. Principal Place of Business
21 ~~[illegible] NW 114 PL~~

Suite, Apt. #, etc.
22 ~~CORAL SPRINGS~~ FL

City & State
23 CORAL SPRINGS, FL

Zip 24 33065 Country 25 USA

2a. Mailing Address
26 5385 Peachtree Dnwdy Rd

Suite, Apt. #, etc.
27 #103

City & State
28 ATLANTA, GA

Zip 29 30342 Country 30 USA

3. Date Incorporated or Qualified
04/10/1997

4. FEI Number
65-0750361
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KOMATINENI, SATYANARAYANA
1530 N.W. 128TH DR.
#202
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name: KOMATINENI, SATYANARAYANA
82 Street Address (P.O. Box Number is Not Acceptable): 3142 NW 114 LANE
83
84 City: CORAL SPRINGS FL 85 Zip Code: 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: SATYANARAYANA, KOMATINENI 7/16/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	PSD ☑ Change ☐ Addition
NAME	KOMATINENI, SATYANARAYNA		1.2 NAME	KOMATINENI, SATYANARAYANA
STREET ADDRESS	1530 N.W. 128TH DR. #202		1.3 STREET ADDRESS	5385 PEACHTREE DNWDY RD, #103
CITY-ST-ZIP	SUNRISE FL 33323		1.4 CITY-ST-ZIP	ATLANTA, GA-30342
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
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	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: SATYANARAYANA, KOMATINENI 7/16/98 404-257-9698