


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90218 031 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000045542					
1. Corporation Name PDS TECHNOLOGIES, INC.					
Principal Place of Business 17050 EMILE ST. UNIT #4 BOCA RATON FL 33487			Mailing Address 17050 EMILE ST. UNIT #4 BOCA RATON FL 33487		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6503 N. Military Trail		26 6503 N. Military Trail		05/21/1997	
Suite, Apt. #, etc. 22 Apt # 4010		Suite, Apt. #, etc. 27 Apt # 4010		4. FEI Number 65-0764672	
City & State 23 Boca Raton, Florida		City & State 28 Boca Raton, Florida		Applied For Not Applicable	
Zip 24 33496		Zip 29 33496		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25 USA		Country 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SCHULMAN, PETER D 17050 EMILE ST. UNIT #4 BOCA RATON FL 33487				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				81 Name Peter D. Schulman	
				82 Street Address (P.O. Box Number is Not Acceptable) 6503 N. Military Trail	
				83 Apt # 4010	
				84 City Boca Raton FL 85 Zip Code 33496	
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 Peter D. Schulman DATE 4/28/1999 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME Schulman, Peter D.					
1.3 STREET ADDRESS 6503 N. Military Trail Apt # 4010					
1.4 CITY-ST-ZIP Boca Raton, Florida 33496					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)