


FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90080 021 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000054447

1. Corporation Name
PRIMAL TECHNOLOGY, INC.

Principal Place of Business
**630 N.W. 70TH TERRACE
 PLANTATION FL 33317**

Mailing Address
**630 N.W. 70TH TERRACE
 PLANTATION FL 33317**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1810 N. University Drive Suite, Apt. #, etc.		2a. Mailing Address 26 1810 N. University Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/19/1997	
22 City & State 23 Plantation Florida Zip Country 24 33322 25 USA		27 City & State 28 Plantation Florida Zip Country 29 33322 30 USA		4. FEI Number 65-0761291	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHOW, CHIU K 630 N.W. 70TH TERRACE PLANTATION FL 33317		10. Name and Address of New Registered Agent 81 Name HO, YUK LAN 82 Street Address (P.O. Box Number is Not Acceptable) 1810 N. University Drive 83 City Plantation FL 84 Zip Code 33322	
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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 *mak Ho, President* DATE 3/29/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME P HO, YUK L STREET ADDRESS 630 NW 70TH TERRACE CITY-ST-ZIP PLANTATION FL 33317	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE P 1.2 NAME HO, YUK LAN 1.3 STREET ADDRESS 1810 N. University Drive 1.4 CITY-ST-ZIP Plantation FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME DV MO, AARON STREET ADDRESS 630 N.W. 70TH TERRACE CITY-ST-ZIP PLANTATION FL 33317	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE VD 2.2 NAME HO, Aaron 2.3 STREET ADDRESS 1810 N. University Drive 2.4 CITY-ST-ZIP Plantation FL 33322	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *mak Ho, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 (954) 236-3968
Date Daytime Phone #

CR2E034 (11/98)