Applied For

Fee Required

Zip Code

Not Applicable \$8.75 Additional

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90069 032 \*\*\*150.00

## DOCUMENT #

200 NORTHEAST 20TH STREET SUITE 236D

**BOCA RATON FL 33431** 

1. Corporation	Name # P9/00			
RADIANT	TECHNOLOGIES, INC.			
Principal Place	of Business	Mailing Address		
200 NORTHEAST BOCA RATON F	7 20TH STREET SUITE 236D L 33431	200 NORTHEAST 20TH STREET SUITE 236D BOCA RATON FL 33431		DO NOT WR
	·			<ol> <li>Date Incorporated or Qualified 07/02/1997</li> </ol>
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 65-0764769
Suite, Apt. #	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State	•	City & State		Election Campaign Financing     Trust Fund Contribution
Zip 24	Country 25	Zip 29 3	Country	This corporation owes the cur     Personal Property Tax.
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New
RENA	AVIKAR, AJIT		81 Name 82 Street Ad	dress (P.O. Box Number is Not Accept

DO NOT WRITE IN THIS SPACE

	6. Election Campaign Financing Trust Fund Contribution		•	May Be	
	This corporation owes the current Personal Property Tax.	nt year	Intangible Kalyes	□No	
10. Name and Address of New Registered Agent					
ı	· · · · · · · · · · · · · · · · · · ·				
Addre	ss (P.O. Box Number is Not Accepta	ble)			_

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. Lam familiar with, and accept the obligations of. Section 607.0505. Florida Statutes.

83

84 City

agent. Fam familiar with, and accept the obligations of, Section our 1007.0000, Frontier Statistics.							
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature n	e required when reinstating) DATE				
12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD DELETE	1.1 TITLE	Change Addition				
NAME	RENAVIKAR, AJIT	1.2 NAME					
STREET ADDRESS	200 NORTHEAST 20TH STREET SUITE 236D	1.3 STREET ADDRESS	s				
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP					
TITLE	DELETE	2.1 TITLE	Change Addition				
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS	s				
CITY-ST-ZIP	محاصمتها والمتاه المستهاد	2. 4 CITY-ST-ZIP	` · · · · · · · · · · · · · · · · · · ·				
TITLE	☐ DELETE	3.1 TITLE	Change Addition				
NAME		3.2 NAME	, .				
STREET ADDRESS		3.3 STREET ADDRESS	S				
		3.4, CITY-ST-ZIP					
CITY-ST-ZIP TITLE	☐ DELETE	4.1 TITLE	Change Addition				
NAME		4. 2 NAME					
		4.3 STREET ADDRESS	9				
STREET ADDRESS		4.4 CITY-ST-ZIP	9				
CITY-ST-ZIP	DELETE	5.1 TITLE	Change Addition				
TITLE	_ beecie	5.2 NAME					
NAME		5.3 STREET ADDRESS	s s				
STREET ADDRESS		5.4 CITY-ST-ZIP	š				
CITY-ST-ZIP	□ DELETT	6.1 TITLE	Change Addition				
TITLE	☐ DELETE	1					
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS	8				
CITY-ST-ZIP		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 attagment with an address, with all other like empowered.

SIGNATURE:

561-338-3384