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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000078200 (7)

ANDROMEDA TECH INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1042 NE 33 ST. 1042 NE 33 ST. OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 1050 Ne 1050 NE 33 Sr 65-0823947 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FURIOSI, WILLIAM J 1042 NE 33 ST. R2 Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK FL 33334 R3 84 Zip Code 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 high, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** of regeliered agent and tile if apple able (NOTE: Registered Agent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE ☐ Change ★ Addition NAME 12 NAME NE 33 S+ V. STREET ADDRESS 1.3 STREET ADDRESS 33334 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 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 DELETE TITLE 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 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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:

Williams

MINI (*)

4/24/98