


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90193 046 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082187

1. Corporation Name

ODIN TECHNOLOGIES INCORPORATED

Principal Place of Business

7301 S DIXIE HWY
WEST PALM BEACH FL 33405

Mailing Address

7301 S DIXIE HWY
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

☒ Applied For☐ Not Applicable

APPLIED FOR

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes☒ No

2. Principal Place of Business

21 7301 S. Dixie Hwy

2a. Mailing Address

26 P.O. Box 1038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 West Palm Beach, FL

27 City & State

28 Deerfield Beach, FL

24 Zip

33405

25 Country

USA

29 Zip

33443

30 Country

USA

9. Name and Address of Current Registered Agent

SIMS, H BRYANT
7301 S DIXIE HWY
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name Kelly Lawton
82 Street Address (P.O. Box Number is Not Acceptable) 4383 SW 10th Place #304
83
84 City Deerfield Beach FL 85 Zip Code 33442

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-ST-ZIP

1.33 TITLE

1.34 NAME

1.35 STREET ADDRESS

1.36 CITY-ST-ZIP

1.37 TITLE

1.38 NAME

1.39 STREET ADDRESS

1.40 CITY-ST-ZIP

1.41 TITLE

1.42 NAME

1.43 STREET ADDRESS

1.44 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

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1.39 STREET ADDRESS

1.40 CITY-ST-ZIP

1.41 TITLE

1.42 NAME

1.43 STREET ADDRESS

1.44 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 #

4/16/99

(215-858-1232)

CR2EN34 (11/98)