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

AMENDED REPORT

98 JUN -5 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000095150 (3)

1. Corporation Name
650 TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
1065 RAINER DR. ALTAMONTE SPRINGS FL 32716	P.O. BOX 16007 ALTAMONTE SPRINGS FL 32716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1997

2. Principal Place of Business	2a. Mailing Address
21 800 TRAFALGAR CT	26 800 TRAFALGAR CT
Suite, Apt. #, etc. 22 200	Suite, Apt. #, etc. 27 200
City & State 23 MAITLAND FL	City & State 28 MAITLAND FL
Zip / Country 24 32751 / 25 USA	Zip / Country 29 32751 / 30 USA

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
A.G.C. CO. 200 S. ORANGE AVE. SUNTRUST CENTER, STE. 2300 ORLANDO FL 32801	81 Name: Brown, Gary E. 82 Street Address (P.O. Box Number is Not Acceptable): 800 Trafalgar Ct. #200 83 84 City: Maitland FL 85 Zip Code: 32751

11. Pursuant to the provisions of Sections 607.0505 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, GARY E 1065 RAINER DR. ALTAMONTE SPRINGS FL 32716	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D 800 TRAFALGAR CT #200 MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELLER, HAROLD J 1065 RAINER DR. ALTAMONTE SPRINGS FL 32716	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	 800 TRAFALGAR CT #200 MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, STEVEN S 1065 RAINER DR. ALTAMONTE SPRINGS FL 32716	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V/D 800 TRAFALGAR CT. #200 MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S/T MCKEON, TIMOTHY C. 800 TRAFALGAR CT #200 MAITLAND, FL 32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	600002553167E--8 -06/09/98--01119--006 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

6/5/98

14. I hereby certify that the informa... 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 ...t 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 corpora... ...eiver 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 chang... ...chment with an address.

SIGNATURE: FE (Gary E) Brown (407)475-0800