

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

0307716

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90103 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000105942

1. Corporation Name
HEXAGONE COMPUTER, INC.



Principal Place of Business 771 RANCH ROAD WESTON FL 33326	Mailing Address 771 RANCH ROAD WESTON FL 33326
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1997

2. Principal Place of Business 21 3631 E. OAKLAND PARK BLVD. Suite, Apt. #, etc. 22 SUITE 101 City & State 23 FORT LAUDERDALE FL Zip 24 33306	2a. Mailing Address 26 16693 GOLFOVIEW DR Suite, Apt. #, etc. 27 City & State 28 WESTON - FL Zip 29 33326	Country 25 BROWARD Country 30 BROWARD
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4. FEI Number 65-0801462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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

BARTHE, FREDERIC M
888 SE 3RD AVENUE SUITE 400
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BAILACH, MONICA
STREET ADDRESS	771 RANCH ROAD
CITY-ST-ZIP	WESTON FL 33326
TITLE	P <input type="checkbox"/> DELETE
NAME	BAILACH, FREDERIC
STREET ADDRESS	771 RANCH ROAD
CITY-ST-ZIP	WESTON FL 33326
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAILACH, MONICA
1.3 STREET ADDRESS	16693 GOLFOVIEW DR
1.4 CITY-ST-ZIP	WESTON FL 33326
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BAILACH, FREDERIC
2.3 STREET ADDRESS	16693 GOLFOVIEW DR
2.4 CITY-ST-ZIP	WESTON FL 33326
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 attachment with an address, with all other like empowered.

SIGNATURE:  **MONICA BAILACH** 1/07/99 (954) 217 0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)