

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	
DOCUMENT # P98000018476					
1. Corporation Name BELCO SYSTEMS TECHNOLOGIES CORPORATION					

Principal Place of Business G/O ATLAS PEARLMAN TROP & BORKSON P.A. 800 EAST LAS OLAS BLVD SUITE 1800 FORT LAUDERDALE FL 33301	Mailing Address G/O ATLAS PEARLMAN TROP & BORKSON P.A. 800 EAST LAS OLAS BLVD SUITE 1800 FORT LAUDERDALE FL 33301
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2. Principal Place of Business 21 2 Field Court Suite, Apt. #, etc.	2a. Mailing Address 26 2 Field Court Suite, Apt. #, etc.
22 City & State 23 WRIGHTSTOWN NJ Zip Country 24 08562 USA	27 City & State 28 WRIGHTSTOWN NJ Zip Country 29 08562 USA

8. Name and Address of Current Registered Agent SOUTH FLORIDA REGISTERED AGENTS, INC. G/O ATLAS PEARLMAN TROP & BORKSON P.A. 800 EAST LAS OLAS BLVD SUITE 1800 FORT LAUDERDALE FL 33301	
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10. Name and Address of New Registered Agent 81 Name Mark Beloyan 82 Street Address (P.O. Box Number if Not Acceptable) 13900 SW 24th Street 83 84 City Davie FL 85 Zip Code 33325	
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 607.0506, Florida Statutes. SIGNATURE Mark Beloyan DATE 2-1-99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Stephen Beloyan 2 Field Court WRIGHTSTOWN NJ 08562	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	LS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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)(d), 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: **Mark Beloyan** 2/1/99 609-723-3200

FILED

99 NOV 15 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/25/99 90031038 \$150.00
DO NOT WRITE IN THIS SPACE

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