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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 # P98000055963

FOCUS TECHNOLOGIES, INC.							
						3 17 1111 1111 1111 1111	
						BIIR DOLEN DIABI DALLE HUI	
Principal Place		Mailing Address					
5634 PADDOCK TRAIL DRIVE 5634 PADDOCK-TRAIL DRIVE TAMPA FL 33624 TAMPA FL 33624							
IAMEN EL 330	24	PO Box 207	72	1	DO NOT WRITE	IN THIS SPACE	
				773	3. Date Incorporated or Qualifed		
		TAMPA, FL	33622-01	12	06/23/1998		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	F	Applied For
21		26 PO BOX	20772		59-3519560		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	K	Additional
22		27			, per 10 miles	reer	Required
City & Stat	t e	City & State	T-1		6. Election Campaign Financing		D May Be
23	Countrie	28 TAMPA	Country	-	Trust Fund Contribution		10 rees
Zip	Country	<u> </u>	•	ااحا	This corporation owes the current Personal Property Tax.	year intangible XI Yes	□No
24	25		H (1) Decro		10. Name and Address of New Reg		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
BRAVICK, ERIC							
5634 PADDOCK TRAIL DRIVE			82 Street	Address	(P.O. Box Number is Not Acceptable	1)	
TAMPA FL 33624			83				
			84 City			FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named of					tion submits this statement for the pur	mose of changing if	ts 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.							registered
agent. i a	im familiar with, and accept the obligation	ins of, Section 607.0505, Florida	a Statutes.				Į
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable (NOTE: Re	gistered Agent signature	required wi	nen reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE		☐ DELETE	1.1 TITLE	P	_	Change	e (DZLAddition
NAME			1.2 NAME	ER	IC BRAVICK		}
STREET ADDRESS			1.3 STREET ADDRESS	56	34 Padbock Trail Pr	<u>-</u>	ļ
CITY-ST-ZIP			1.4 CITY-ST-ZIP	TA	34 Padbock Trail PI MPA FL 33624	<u>f</u>	
TITLE		☐ DELETE	2.1 TITLE			☐ Change	e ☐ Addition
NAME			2.2 NAME				ļ
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	e ☐ Addition
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREET ADDRESS				İ
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		. DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				}
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	e 🗀 Addition
NAME		!	5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	·			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ļ			
TITLE		☐ DELETE	6.1 TITLE	1		☐ Change	a 🔲 Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

813-273-0528