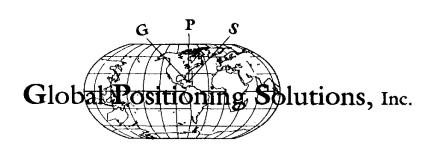
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| COF ANNU | PRÖFIT RPORATION JAL REPORT | | FLORIDA DEPAR Katherin Secretary | e Harris of State | | FILED | | | |
| | 1999 | THE STATE OF THE S | DIVISION OF C | ORPORATION | IS | 99 OCT -7 AMII: 12 | | • | |
| 1. Corporatio | | Ecco | 10001 | | | SECRETARY OF STATE TALLAHASSEE, FLORID | A | | |
| Gua | ac Positioning | SOLUTIONS |) I Inc. | | | | • | | |
| Principal Plac | | | iling Address | 100 | | | | | |
| _ ` ` | JASMING CT | • | 10 BOX 823 | | | } | | | |
| PEMBROKE PINES, FL SOUTH FLORIDA, FL | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | 33020 | o . | | 330 | セス | 3. Date Incorporated or Qualified TW-Y 7-H 1998 | | | |
| | Place of Business | | Malling Address | | _ | 4. FEI Number | | plied For | |
| 21 /035 Suite, Apt. | 1 JASMING C | T. 26 | PO BOX Suite, Apt. #, etc. | 82343 | <u>8</u> | 65-085584 | | ot Applicable | |
| 22 Suite, Apr. | #, 0 (C. | 27 | Suite, Apr. #, etc. | | | 5. Certificate of Status Desired | \$8.75 / Fee Re | | |
| City & Stat | | E | City & State | î | | 6. Election Campaign Financing | \$5.00 | | |
| 23 tembra Zip | DICE PILES Country | , FL 28 | Sex-TH two | Country | <u></u> | Trust Fund Contribution 8. This corporation owes the current year In | Added t | lo Fees | |
| 24 330 | | A 29 | 33082 | 30 US | A | Personal Property Tax. | Yes | 1 000 | |
| | 9. Name and Address | of Current Regis | ered Agent | 81 N | iame | 10. Name and Address of New Registered | Agent | | |
| Gue | NN HAYES | | | | | | | | |
| | 1 JASMINE | <u></u> | | 82 S | treet Addre | ss (P.O. Box Number is Not Acceptable) | 5258 | 3 | |
| | - | | | 83 | | -10/14/99 | 01097 | 003 | |
| FEMB | bruke Pives | s, te s | 53026 | 84 C | ity | ****158.75 | 185 7261 | 50, 75 | |
| 11 Pursuant | to the provisions of Section | ns 607 0502 and 60 | 7 1508 Florida Statute | s the shove-na | med como | ration submits this statement for the purpose o | f changing its | registered | |
| office or r | registered agent, or both, in familiar with, and accept | the State of Florid the obligations of, | a. Such change was au Section 607.0505, Flori | thorized by the da Statutes. | corporation | 's board of directors. I hereby accept the appo | intment as re | gistered | |
| SIGNATURE | | 1 | - Circ | NN HA | YES | Seri | 27 19 | 99 | |
| 12. | Signature, typed or printed name of | ICERS AND DIRE | | Registered Agent sign 13. | neture required | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | RS IN 12 | |
| TITLE | PRESIDENT | | ☐ DELETE | 1.1 TITLE | | Apprilation and the second of | Change | Addition | |
| NAME | 10351 ITASA | 465 | | 1.2 NAME | | | | | |
| STREET ADDRESS | REM BROKE | PINES . FI. | 33026 | 1.3 STREET ADD | | | | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 1.4 CITY-ST-ZIF 2.1 TITLE | ' | | Change | Addition | |
| NAME. | | | | 22 NAME | | | | _ | |
| STREET ADDRESS | | | | 2.3 STREET ADD | ORESS | | | | |
| CITY-ST-ZIP | | | ☐ DELETE | 2.4 CITY-ST-ZI | P | | Change | Addition | |
| NAME | | | C precie | 3.2 NAME | | | | | |
| STREET ADDRESS | | | • | 3.3 STREET ADD | DRESS | | | | |
| CITY-ST-ZIP | | | [] belete | 3.4. CTTY-ST-ZI | P | | Channe | | |
| TITLE NAME | | | ☐ DELETÉ | 4.1 TITLE 4.2 NAME | | | Change | Addition | |
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| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | · | | | | |
| TITLE | | | ☐ DELETE | 5.1 TITLE 5.2 NAME | | | ☐ Change | Addition | |
| NAME STREET ADORESS | | | | 5.3 STREET ADD | ORESS | | | | |
| CITY-ST-ZIP | | | <u>.</u> | 5.4 CITY-ST-ZIP | , | | | | |
| TITLE | · · · · | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | Addition | |
| NAME STORET ANODERS | | | | 6.2 NAME 6.3 STREET ADD | RESS | | | .,,,, | |
| STREET ADORESS CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | | Ke | |
| 14. I hereby c | certify that the information on this annual report or se | supplied with this fill | ng does not qualify for t | the exemption a | stated in Se | ction 119.07(3)(i), Florida Statutes. I further ce | rtify that the in | nformation | |
| 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 807, 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 BIOMEN OFFICER OR DRIEGEON HOYES 92749 954-443-0477 | | | | | | | | | |



September 27, 1999

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

On September 23, 1999 I called your office and spoke to Micheile Milligan in reference to not receiving the annual report filing. She stated to write a letter explaining our situation and acknowledged that the forms that were mailed to our address were returned to your office as undelivered. We gained knowledge of the annual report filing after filing our corporate taxes with our accountant at which point he made reference to the annual report filing. We explained to him that we never received anything from your office. He suggested that we call your office and find out if there were any problems with the mailing of the report. Upon his suggestion I called your office and explained that we were having problems with the mail being stolen from the address you have on file. We have since changed the mailing address to a P.O. Box in order to deter from theft. We have also changed our physical business address in part due to problems we were having receiving mail and product to the previous address. Ms. Milligan also stated to enclose a check in the amount of \$150.00.

We would appreciate if you could please change the address as indicated on the application. We appreciate your time and understanding in this matter. If you have any questions please feel free to call us at (954) 443-0477 or if you can't reach me there please call my cellular phone at (954) 805-8282.

Sincerely,

Glenn Hayes