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 # **P98000062414**1. Corporation Name

Principal Place of Business	Mailing Address
2555 KEY LARGO LANE FT. LAUDERDALE FL 33312	2555 KEY LARGO LANE FT. LAUDERDALE FL 33312

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90006 031 ***150.00 03-17-1999 90006 032 *****8.75

CAPRICO	ORN TECHNOLOGIES, INC.				
Principal Place	e of Business	Mailing Address		I SOURCE OF THE IDID! COLD DOISE DOISE DUCK DATE DATE	18 81119 LOIL BLOOK 11911 9191 1881
2555 KEY LARGO LANE FT. LAUDERDALE FL 33312 2555 KEY LARGO LANE FT. LAUDERDALE FL 33312			ID ODAOF		
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 07/07/1998	
2 Principal P	lace of Business	2a. Mailing Address		4 EEI Number	Applied For
21 21	lace of Edalifeas	26		65-085-563	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes the current year I	ntangible □ Yes ⊈N o
24	9. Name and Address of Curren		30	Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address of Currer	it Registered Agent	81 Name	To. Hame and Address of Hell Mag.	
LEN	tz, ronald d				
	KEY LARGO LANE		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
FT. I	LAUDERDALE FL 33312		83		
					ar Zin Code
			84 City	F	L 85 Zip Code
office or r	registered agent, or both, in the State im familiar with, and accept the obligation of the control of the contr	of Florida, Such change was au wons, of, Section 607.0505, Flori	ithorized by the corpor ida Statutes	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appropried when reinstalling	ointment as registered
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	DPVS	☐ DELETE	1 1 TITLE	TREAS UREL	Change Addition
NAMÉ	LENTZ, RONALD D		12 NAME	TIM Mc Menamin	4.
STREET ADDRESS	ACCC MEN 1 4000 1 4110		13 STREET ADDRESS	geun learnice arec.	, _
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		14 CITY-ST-ZIP	Roswell, GA 3007	6
TITLE	T	☐ DELETE	2 1 TITLE	Roswell, GA 3007 secretary DAVID Orbbons 1112 Lowel Glencoe R	Change Audition
NAME	LENTZ, RONALD D		2 2 NAME	DAVID GAMES GLENCOE R	oAd
STREET ADDRESS	2555 KEY LARGO LANE		2 3 STREET ADDRESS	1/18 200000 00000)
CITY-ST-ZIP	FT_CAUDERDALE FL 33312		2 4 CITY-ST-ZIP	SPARKS, MD 2115	Character Charles
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	3 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4 2 NAME		
NAME			4 3 STREET ADDRESS		
STREET ADDRESS			44 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	51 JITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	1		II		

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 authorise with all other like empowered.

SIGNATURE: