

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

APPROVED  
AND  
FILED

99 JUL -7 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| PROFIT CORPORATION ANNUAL REPORT 1999   |                        | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS   |   |
|---|------------------------|---|---|
| DOCUMENT # P98000071710   |                        |   |   |
| 1. Corporation Name<br>Nspire Technologies, Inc.  |                        |   |   |
| Principal Place of Business<br>201 Palmetto Concourse<br>Longwood, FL 32779   |                        | Mailing Address<br>P.O. Box 248072<br>Coral Gables, FL 33124  |   |
| 2. Principal Place of Business  | 2a. Mailing Address    | 4. FEI Number   | Applied For<br>Not Applicable                                     |
| 21 Suite, Apt. #, etc.  | 26 Suite, Apt. #, etc. | 59-3041611  |   |
| 22 City & State   | 27 City & State        | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                    |
| 23 Zip  | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be Added to Fees                                       |
| 24 Country  | 29 Country             | 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   |                        | 10. Name and Address of New Registered Agent  |   |
| Stephen M. Bull<br>111 N. ORANGE Ave, Suite 1700<br>Orlando, FL 32801 US  |                        | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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<br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE   |                        |   |   |
| 12. OFFICERS AND DIRECTORS  |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
| TITLE   | PRESIDENT              | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | Joshua Mann            | 1.2 NAME  |   |
| STREET ADDRESS  | 201 Palmetto Concourse | 1.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | Longwood, FL 32779     | 1.4 CITY-ST-ZIP   |   |
| TITLE   | Vice President         | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | Clayton Clavette       | 2.2 NAME  |   |
| STREET ADDRESS  | 650 West Ave           | 2.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | Miami Beach, FL 33139  | 2.4 CITY-ST-ZIP   |   |
| TITLE   |                        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                        | 3.2 NAME  |   |
| STREET ADDRESS  |                        | 3.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   |                        | 3.4 CITY-ST-ZIP   |   |
| TITLE   |                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                        | 4.2 NAME  |   |
| STREET ADDRESS  |                        | 4.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   |                        | 4.4 CITY-ST-ZIP   |   |
| TITLE   |                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                        | 5.2 NAME  |   |
| STREET ADDRESS  |                        | 5.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   |                        | 5.4 CITY-ST-ZIP   |   |
| TITLE   |                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                        | 6.2 NAME  |   |
| STREET ADDRESS  |                        | 6.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   |                        | 6.4 CITY-ST-ZIP   |   |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


7/7/99

Daytime Phone #

CR2E034 (11/98)

NSPIRE TECH INC.  
201 PALMETTO CONCOURSE  
LONGWOOD, FL. 32779

I JOSH MANN DID NOT RECIEVE ANNUAL  
REPORT FOR 1999.

  
Sincerely,  
JOSH MANN  
President