May 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000085497

1. Corporation Name

SCOPE 1	Technologies	, INC.								
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Principal Plac	e of Business		Mailing Address			יי יכעוויפטרי	1 8 1818 1 18211 88111 9811	וסומו ופופם ווופס ו	ו שועות וווות	1111 18 11 18 11 18 11 11 11 11 11 11 11
•	AVE., SUITE 200		604 N. BUMBY AVE., SUIT	E 200						
ORLANDO FL 32803 ORLANDO FL 32803										
	.=				, _		DO NOT WRIT	E IN THIS SP	ACE	
	- ,				•	3. Date Incorpor		,		
						10/05/1998	<u> </u>			
2. Principal P	lace of Business	_	2a. Mailing Address			4, FEI Number	3238	١ الحرج		olied For
21			26			37-	30 90			Applicable
Suite, Apt.	#, etc.	Ļ	Suite, Apt. #, etc.			5. Certifcate of S	Status Desired	_ ;	8.75 A	
22			17						Fee Rec	<u></u>
City & Stat	e	Į.	City & State			6. Election Camp	-		\$5.00	
23			28			Trust Fund Co			Added to	rees
Žip	Coun	·	Zip 	Cour	ıtry	8. This corporati				17K10
24			29	30		Personal Prop				No
	9. Name and Add	ress of Current Re	gistered Agent		81 Name	10. Name and A	aress of New K	egistered Age	mt	
DΔ\A	E DA IENINDA			}	81 Name			-		\ \
Dave, rajendra 604 n. Bumby Ave., suite 200			Í	82 Street	Address (P.O. Box Numb	er is Not Acceptat	ole)		7	
	ANDO FL 32803	011L 200								
ONL	ANDO FL 32003			ĺ	83					
				ł	84 City				35 Zip C	ode
							<u></u>	<u>FL_</u> `	<u></u> _	
11. Pursuant	to the provisions of Se	ections 607.0502 an	d 607.1508, Florida Statul	tes, the at	ove-named	corporation submits this soration's board of director	tatement for the p	ourpose of cha	inging its i ent as rec	registered
DILICE OF E	egistered agent, or bu	un, an the State of Fr	oliua. Such change was e	3011011260	by the corp	Cration's board or director	s. Thereby accep	t are appointed	O U.D U.B	
agent. I a	ım familiar with, a <i>j</i> ıd ad	cept the poligations	s of Section 607.0505, Flo	orida Statu	tes.					i
agent. I a	im familiar with, and ac	scept the obligations	of, Section 607.0505, Flo	orida Statu	tes.					[
agent. I a	im familiar with, and ac	endvá me of registered agent and	itile if applicable. (NOTE	E: Registered	ies.	required when reinstating)		DATE		
agent. I a	im familiar with, and ac	endra	title of applicable. (NOTE	E: Registered	les. Agent signature		ANGES TO OFF	ICERS AND I		RS IN 12
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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 affachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SICKANTHOUZEDANZED SIGNATURE AND TYPED OR RENTED NAME OF SIGNING OFFICER OR DIRECTOR