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FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S09783** (9)  
1. Corporation Name  
**M & R TECHNOLOGIES, INC.**

Principal Place of Business  
**1070 JUPITER BLVD NW  
PALM BAY FL 32907  
US**

Mailing Address  
**% EDWARD M. LIVINGSTON, P.A.  
P.O. BOX 1599  
WINTER PARK FL 32790**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1070 Jupiter Blvd., NW</b>		2a. Mailing Address 26 <b>% EDWARD M. LIVINGSTON, P.A. P.O. BOX 1599 WINTER PARK FL 32790</b>		3. Date Incorporated or Qualified <b>10/30/1990</b>	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number <b>59-3041404</b>	
23 City & State <b>Palm Bay, FL</b>		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>32907</b> 25 Country <b>US</b>		29 Zip		30 Country	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
27		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LIVINGSTON, EDWARD M.  
628 ELLEN DR  
WINTER PARK FL 32790**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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

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	<b>DPT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAUSTAD, MICHAEL D</b>	1.2 NAME	
STREET ADDRESS	<b>1070 JUPITER BLVD NW</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAUSTAD, ROBYN L.</b>	2.2 NAME	
STREET ADDRESS	<b>1070 JUPITER BLVD NW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	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	

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.

SIGNATURE:

*[Signature]*

3-17-98 407-951-2268

CR2E034 (10/97)