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

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CITY-ST-ZIP

SIGNATURE:

Apr 08 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S13042 (4) NOUVEAU TECHNOLOGIES, INC. Principal Place of Business Mailing Address 221 OLD DIXIE HIGHWAY 221 OLD DIXIE HIGHWAY DO NOT WRITE IN THIS SPACE TEQUESTA FL 33469 TEQUESTA FL 33469 3. Date Incorporated or Qualified 11/01/1990 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 21 65-0344763 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. X Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WIERSMA, CHARLES Street Address (P.O. Box Number is Not Acceptable) 221 OLD DIXIE HIGHWAY 82 SUITE 1 Old Dixie Highway Ste 83 **TEQUESTA FL 33469** Teguesta Tegues 84 SIGNATURE (NOT) Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE Chairman/CEO NAME WIERSMA, CHARLES 1.2 NAME Jack G. Wiersma 175 OCEAN PINES TERR. STREET ADDRESS 13 STREET ADDRESS 627 6th Place JUPITER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Ralm Beach Gardens Fl DELETE 21 TITLE TITLE DONOVAN, MICHAEL R. NAME 2.2 NAME 1201 US HIGHWAY ONE, SUITE 205 2.3 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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 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 that 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 alidress.

FILED