SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # ARRAKIS TECHNOLOGIES, INC. Principal Place of Business Mailing Address 200 WHITE OAK CIRCLE 280 WHITE OAK CIRCLE MAITLAND FL 32751 MAITLAND FL 32751 3a. Date of Last Report 3. Date Incorporated or Qualified 01/04/1991 06/23/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 1754 Grinnell Ter Suite, Apt #, etc. 59-3058171 1754 Grinnell Ter Not Applicable \$8.75 Additional Suite Apt #, etc 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Country 8. This corporation has tiability for intangible tax under s. 199 032, Yes No 23189 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMPSON, BRAD 280 WHITE OAK CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 Grinnell MAITLAND FL 32751 85 Zip Code プンフをタ City 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 an accept the obligations of Section 607.0505. Florida Statutes. he mineg stored agent and filter if application SIGNATURE (NOTE Registered Agent signature regioned when resistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 986) 12 OFFICERS AND DIRECTORS 13. DELETE 1 1 TITLE THILE THOMPSON, BRADFORD 1.2 NAME CR2E034 NAME 1754 Granoll Ter Winter Pork Fl 280 WHITE OAK CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **MAITLAND FL 32751** 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME MAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY ST-2IP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 2IP 3 4 CHY-\$1-2IP DELETE Change Addition 41111116 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-7iP Change Addition DELETE 6 1 TrTLE TITLE NAME 6.2 NAME STREET ADDRESS. 6.3 STREET ADDRESS 6.4 CITY - ST - 7IP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Oly 5, 1996 407 559 0741