TITLE PT   Delete   TITLE   NAME   STREET ADDRESS   STREE	DOCUI	MENT # S49423 TECHNOLOGIES, INC.		RT (		FIL Apr 07, 200 Secretary	1 08:00		£ .	
2. Principal Place of Business	<u>-</u> '		•							
Side, Apr. 6, etc.    Side, Apr. 6, etc.   Side, Apr. 6, etc.   DO NOT WRITE IN THIS SPACE				US	FL					
City & State    City & State	2. Principal P	lace of Business							•	
Value   Valu	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT	WRITE IN THIS SPA	ACE	–	
Zip Country Sizes   Country Sizes   Country Sizes   S. Certificate of Status Desired   \$8.7.5 Additional Fee Required   \$1.5.5 Add	City & Stat	е	1						<u> </u>	]
NAME    ILIAN IN SECTION MANOR   Street Acdress (P.O. Box Number is Not Acceptable)	Zip	Country	l '		/			3.75 Add	itional	
SINRISE STEET ADDRESS OFF-ST-2P Charge STEET ADDRESS OFF-ST-2P		6. Name and Address of Current	Registered Agent			Name and Address of No	ew Registered Agr	ent		1
SIGNATURE   City   FL   Zip Code    1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  1. SIGNATURE   Grant the purpose of changing its registered office or registered agent, or both, in the State of Florida.  1. SIGNATURE   Grant the purpose of purpose rates of engages agent and its if successor.  2. OA/07/2001   Grant the purpose of purpose rates of engages agent and its if successor.  3. SIGNATURE   Grant the purpose of purpose rates of engages agent and its if successor.  3. SIGNATURE   Grant the purpose of purpose rates of engages agent and the successor.  3. SIGNATURE   Grant the purpose of purpose rates of engages agent and the successor.  3. SIGNATURE   Grant the purpose of purpose rates of engages agent and the successor.  4. OA/07/2001   Grant the purpose of purpose rates of engages agent and the successor.  4. SIGNATURE   Grant the purpose of purpose rates of engages agent and the successor.  4. SIGNATURE   Grant the purpose of purpose rates of engages agent and the successor.  5. SIGNATURE   Grant the purpose of purpose rates of engages agent and the successor.  5. SIGNATURE   Grant the purpose of purpose rates of engages agent and the successor.  6. OA/07   SIGNATURE   Grant the purpose of purpose rates of engages agent and the successor.  6. OA/07   SIGNATURE   Grant the purpose of purpose rates of engages agent and the successor.  6. OA/07   SIGNATURE   Grant the purpose of purpose rates of engages agent and the successor.  6. OA/07   SIGNATURE   Grant the purpose of purpose rates of the purpose of engages agent and the purpose of the exemption state of the engages agent and the purpose of engages agent and the purpose of engages agent and the purpose of engages agent and the en						Box Number is Not Accept	able)		<u> </u>	-
S. The above named entity submits this statement for the purpose of changing its registered affect of the corrected agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  Signature, used or entitle frame of registered agent and the if application.  SIGNATURE  Signature, used or entitle frame of registered agent and the if application.  SIGNATURE  SIGNA			FL	-	City			Zin Cod		
SIGNATURE  Signature, typed or prived fame of registered agent on till it applicable.  Signature, typed or prived fame of registered agent on till it applicable.  P. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.  (See criteria on back)  The WY (2001 Fee Will be \$550.00)  Marke Check Reyable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE WS  NAME  KLOC, KAREN  SIMET ADDRESS  CITY-ST-2P  SUNRISE  FL CITY-ST-2P  TITLE  PT Delete  TITLE  FL CITY-ST-2P  TITLE  PT Delete  TITLE  NAME  SIMET ADDRESS  CITY-ST-2P  TITLE  PT Delete  TITLE  NAME  SIMET ADDRESS  CITY-ST-2P  TITLE  PT Delete  TITLE  NAME  SIMET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIMET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIMET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  Dele	<del></del>				<u>.</u>			Zip Cou		
TITLE VS   Delete NAME	9. This corpo Tax filing r (See criter	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!!  After MAY 1, 200  Make Check Payable	! FEE IS 1 Fee w e to Dep	\$ \$150.00 (ii) be \$550.00 partment of State	10. Election Campaig Trust Fund Contrib	n Financing Dution.	<b>\$5.0</b> Added	to Fees	
NAME SINEET ADDRESS CITY-ST-2P TITLE NAME SINEET		· · · · · · · · · · · · · · · · · · ·			A	DDITIONS/CHANGES TO				_
STRET ADDRESS CITY-ST-ZIP SUNRISE FL CITY-ST-ZIP SUNRISE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	NAME STREET ADDRESS	KLOC, KAREN 11331 NW 32ND MANOR		NAME STREET				] Change	☐ Addition	5034 (11/00)
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRES	NAME STREET ADDRESS	KLOC, MICHAEL 11331 NW 32ND MANOR	,	NAME STREET				Change	Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS		☐ Delete	NAME STREET				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE: KLOC, MICHAEL  PT 04/07/2001	NAME STREET ADDRESS		☐ Delete	NAME STREET				] Change	☐ Addition	
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	of the cor changed,	or unis report of suppliemental report in poration or the receiver or trustee emplor or on an attachment with an address,  **URE:KLOC, MICHAEL	s true and accurate and that my owered to execute this report a with all other like empowered.	y signatui is required	e shall have the same d by Chapter 607, Floi	e legal effect as if made un rida Statutes; and that my	der oath; that I am name appears in B	an officer lock 11 or	or director	

Date

Daytime Phone #