

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 PH 4:20

DOCUMENT # **S50273** (9)

1. Corporation Name
LUMA TECHNOLOGY, INC.

Principal Place of Business Mailing Address
599 ATLANTIC BLVD ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/01/1991** 3a. Date of Last Report **03/11/1994**

2. Principal Place of Business 2a. Mailing Address
21 **228 N. THIRD AVE.** 26 **228 N. THIRD AVE.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-3060239** Applied For
Not Applicable

22 City & State 27 City & State
23 **JACKSONVILLE BEACH, FL.** 28 **JACKSONVILLE BEACH, FL.**

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 25 Country 29 Zip 30 Country
32250 USA 32250 USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KJAR, ROGER B.
10 TENTH STREET
#48
ATLANTIC BEACH FL 32233**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
332 THIRD ST.
83
84 City **ATLANTIC BEACH, FL** 85 Zip Code **32233**

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	
TITLE	DPS
NAME	KJAR, ROGER B.
STREET ADDRESS	1660 BEACH AVE #7
CITY - ST - ZIP	ATLANTIC BEACH FL
TITLE	VT
NAME	FREDERES-KJAR, CAROL T.
STREET ADDRESS	1660 BEACH AVE #7
CITY - ST - ZIP	ATLANTIC BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol Frederes-Kjar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROL FREDERES-KJAR

3/3/95 (904) 249-7771
DATE