

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90133 005 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S63078**

1. Corporation Name  
**FEEDBACK TECHNOLOGIES, INC.**



Principal Place of Business  
**4801 S. UNIVERSITY DRIVE  
 FT. LAUDERDALE FL 33328  
 US**

Mailing Address  
**4801 S. UNIVERSITY DRIVE  
 FT. LAUDERDALE FL 33328  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/28/1991**

2. Principal Place of Business  
**21 8645 S.W. 79 PLACE**

2a. Mailing Address  
**26 8645 S.W. 79 PLACE**

4. FEI Number  
**59-1865619**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
**22 MIAMI, FLORIDA**

Suite, Apt. #, etc.  
**27 MIAMI, FLORIDA**

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

City & State  
**23 MIAMI, FLORIDA**

City & State  
**28 MIAMI, FLORIDA**

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

Zip Country  
**24 33143 25 ~~33143~~ US**

Zip Country  
**29 33143 30 ~~33143~~ US**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**RICHARD, MARK ESQ.  
 6950 N KENDALL DRIVE  
 MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENBERG, BARRY</b>	
STREET ADDRESS	<b>8645 SW 79 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>DIVITA, CHARLES JR.</b>	
STREET ADDRESS	<b>3002 FAIRWAY DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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 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, with all other like empowered.

SIGNATURE: **Barry Greenberg** 4/12/99 (305) 595-0970

CR2E034 (11/98)