

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

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # S74882 (9)**

1. Corporation Name  
**ACTIVE BUSINESS TECHNOLOGY, INC.**

Principal Place of Business <b>5039 NORTHAMPTON DRIVE                  FORT MYERS FL 33919                  US</b>	Mailing Address <b>5039 NORTHAMPTON DR                  FT MEYERS FL 33919                  US</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>08/20/1991</b>	
4. FEI Number <b>65-0278191</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WINESETT, ROBERT A.  
 2248 FIRST STREET  
 FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name <b>PATRICIA A. BENNETT</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>5039 NORTHAMPTON DR.</b>	
83	
84 City <b>FT. MYERS</b>	85 Zip Code <b>FL 33919</b>

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 *Patricia A. Bennett, Pres.* 4/7/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPTS <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	BENNETT, DALE G.	1.2 NAME
STREET ADDRESS	5039 NORTHAMPTON DR.	1.3 STREET ADDRESS
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE
NAME	BENNETT, PATRICIA A	2.2 NAME
STREET ADDRESS	5039 NARTHAMPTON DR	2.3 STREET ADDRESS
CITY-ST-ZIP	FT MEYERS FL	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

President, Director, TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>and Secretary</b>
<b>BENNETT, PATRICIA A.</b>
<b>5039 NORTHAMPTON DR.</b>
<b>FT. MEYERS, FL 33919</b>

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.

SIGNATURE *Patricia A. Bennett* 941-936-4510  
**PATRICIA A. BENNETT**

CR2E034 (10/97)