

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
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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>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/20/1991</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0278191</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	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 <b>WINESETT, ROBERT A. 2248 FIRST STREET FORT MYERS FL 33901</b>		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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPTS</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President, Director, TREAS.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, DALE G.</b>	1.2 NAME	<b>and Secretary</b>
STREET ADDRESS	<b>5039 NORTHAMPTON DR.</b>	1.3 STREET ADDRESS	<b>BENNETT, PATRICIA A.</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>	1.4 CITY-ST-ZIP	<b>5039 NORTHAMPTON DR. FT. MYERS, FL 33919</b>
TITLE	<b>OV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, PATRICIA A</b>	2.2 NAME	
STREET ADDRESS	<b>5039 NARTHAMPTON DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MEYERS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

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

CR2E034 (10/97)