Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90051 010 ***158.75

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S81906**

1. Corporation Name

CHAPMAN TECHNOLOGIES, INC.

									 		a a (1) a (a (1) a (: (10 ii 0 ii 1	
Principal Place	of Business	Mailing Addr				———		98 (1884) 184 1848)	BIR IRIN BOU	.	l Bfolk Oldhi Bkoll O	1011 BIBIT 1881	
800 W. CYPRESS CREEK RD.		800 W. CYPRESS CREEK RD.											
STE. 240		STE. 240				0.0 1107 1107 1107 1107							
FT. LAUDERDALE FL 33309		FT. LAUDERDALE FL 33309				DO NOT WRITE IN THIS SPACE							
US		US						corporated or	Qualifed				
			- Ta - 1 7: /	A .1.1				4. FEI Nu	<u>/1991</u>				Llied For
2. Principal Place of Business			2a. Mailing Address										t Applicable
21		Suite, Apt. #, etc.					00703	65013			\$8.75		
Suite, Apt. #, etc.			-					5. Certifc	ate of Status D	esired)	X	Fee Re	
City & State			City & State					6 Flection	n Campaign Fi	inancing		\$5.00	May Be
23	~		28				-		und Contributi	_		Added t	,
Zip	Cou	intry	Zip		Coun	ntry			rporation owe		nt year	ntangible	
24	25	•	29		30				al Property Ta		·	Yes	□No
	9. Name and Ad	dress of Current		ent	I			10. Name	and Address	of New R	egistere	d Agent	
						81 N	Name C 4R	LUNAS	RACKA	1USKA	M		
	CORPORATE SE	RVICES, INC.			-								
	N.E. 3RD AVE.				L		CNA	<u>eman</u>	Number is No	VOLOC	*(E7	<u>, ///C_</u>	
	#1100	****				83	800 W.	CYPR	ESS CRE	EKK R	20 .	STE - 24	0
FIL	auderdale fl 3	3301				84 C	Cityno					. 85 Zip (ode _
						•	"HEKE						
													ragistered
11. Pursuant	to the provisions of 5	Sections 607.0502	2 and 607.1508, I	Florida Statut	es, the ab		amad or spor	ration submit	s this stateme	nt for the p	ourpose the apr	of changing its pintment as re-	a stered
11. Pursuant office cr re agent. La	to the provisions of S egistered agent, or b m familiar with, and a	Sections 607.0502 o.b. in the State of iccept the obligat	2 and 607.1508, i of Florida. Such o ions of, Section	a change was اداعے607.0505	uthorized rida Statu	ove-na by the ites.	amed corporation	ration submit is board of o	s this stateme lirectors. I her	nt for the peby accept	tue app	ointment as re	g stered
office cr re agent. ∃ad	to the provisions of S egistered agent, or b m familiar with, and	ctions 607.0502 o.b., in the State of a cept the obligat	2 and 607.1508, i of Florida. Such c ions of, Section	a change was اداعے607.0505	es, the about the state of the	ove-na by the ites.	amed corporation	ration submin's board of c	irectors. I ner	nt for the peby accept	tue app	of changing its ointment as re	g stered
office crru agent. I an SIGNATURE	to the provisions of S egistered agent, or b m familiar with, and a Signature, typed or printer	o b, in the State of cept the bligat	of Florida. Such of it and title if approach	change was a 607.0505, Elo	uthorized orida Statu ARUN Registered A	ove-na by the ites.	amed corporation	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	/9 8	g stered
office crreagent. Lar	egistered agent, or b m familiar with, and a Signature, typed or printed i	o b, in the State of cept the bligat	of Florida. Such of ins of, Section of and title if approprie	change was a 607.0505, Ethi	ARUN Registered /	bove-na by the ites. VAS Agent sig	amed corporation	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO	F:S IN 12
office crrr agent. I as SIGNATURE	egistered agent, or b m familiar with, and a Signature, typed or printer in	o h, in the State of a cept the obligat	of Florida. Such of ins of, Section of and title if approprie	change was a 607.0505, Elo	ARUN Registered A 1.1 TITL	bove-na by the ites. VAS Agent sig	amed corporation	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	/9 8	g stered
office crrragent. Lac SIGNATURE 12. TITLE NAME	egistered agent, or being familiar with, and a Signature, typed or printed or DP CHAPMAN, ROB	o.h. in the State of a cept the obligation of registered agent OFFICERS ANI	cf Florida, Such c tions of, Section 1 it and title if approvine [) DIRECTORS	change was a 607.0505, Ethi	Registered A. 1.1 TFIL 1.2 NAM	pove-na by the tes. VAS Agent sig	amed cc rpor e corporation R AHC gnature required v	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO	F:S IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRE 3S	egistered agent, or be familiar with, and a Signature, typed or printed or DP CHAPMAN, ROB 800 W. CYPRES	on, in the State of a cept the blight of a re of registered agent OFFICERS ANI ERT W. S CREEK RD.,	cf Florida, Such c tions of, Section 1 it and title if approvine [) DIRECTORS	change was a 607.0505, Ethi	Luthorized orida Statu: ARUN E: Registered A 1.1 TFII 1.2 NAA 1.3 STR	pove-na by the ites. VAS Agent sig LE ME	amed corporation corporation gnature required w	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO	F:S IN 12
office of riagent. I at agent. I at SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	Signature, typed or printed of CHAPMAN, ROB 800 W. CYPRES	on, in the State of a cept the blight of a re of registered agent OFFICERS ANI ERT W. S CREEK RD.,	of Florida. Such clipns of Section 1	change was a 607.0505, E4)	Luthorized orida Statu: ARUN E: Registered A 1.1 TFI 1.2 NAN 1.3 STR 1.4 CIT	by the by the tes. VAS Agent sig LE ME REET ADI Y-ST-Zif	amed corporation corporation gnature required w	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO	F:S IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE	egistered agent, or by familiar with, and a Signature, typed or printed in DP CHAPMAN, ROB 800 W. CYPRES FT. LAUDERDALL ST	on, in the State of a cept the biligat the biligat of the biline biligat of the biline biline biligat of the biline	of Florida. Such clipns of Section 1	change was a 607.0505, Ethi	uthorized orida Statu + Round + Round + Round + 13. 1.1 Tm 1.2 NAN 1.3 STR 1.4 Cm 2.1 Tm	DOVE-na by the tres. VAS Agent sig LE ME REET ADI Y-ST-ZIF LE	amed corporation corporation gnature required w	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO	F:S IN 12
office cr ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME	egistered agent, or by familiar with, and some signature, typed or printed in the	on, in the State of accept the obligate of the	of Florida. Such clipns of Section 1	change was a 607.0505, E4)	LUTHORIZED ARCHIT ARCHI	DOVE-na by the lites. VAS Agent sig LE ME REET ADI Y-ST-ZIF LE ME	amed cc rpor e corporation R PHC gnature required w	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO	F:S IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such clipns of Section 1	change was a 607.0505, E4)	uthorized original statu HAUN 13. 1.1 TM 12 NAN 1.3 STF 1.4 CIT 2.1 TM 2.2 NAV 2.3 STF	DOVE-naby the by the steet. NAS Agent sig LE ME REET ADI Y-ST-ZIF LE ME REET ADI REET ADI	amed cc rpor e corporation R PHC gnature required w	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO	F:S IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	egistered agent, or by familiar with, and some signature, typed or printed in the	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section and title if appropriate [1] DIRECTORS STE. 240	DELETE	uthorized virida Statu A-QUIN E. Registered / 13. 1.1 ITII 12 NAM 1.3 STF 1.4 CIT 2.1 TIII 22 NAM 2.3 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.4 CIT 2.5 NAM 2.5 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.5 NAM 2.5 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.5 NAM 2.5 STF 2.4 CIT 2.4 CIT 2.5 NAM 2.5 STF 2.4 CIT 2.5 NAM 2.5 STF 2.5 NAM 2.5 NAM 2.5 STF 2.5 NAM 2.5 NAM 2.5 STF 2.5 NAM 2.5	DOVE-naby the by the stes. YAS Agent sign LE ME REET ADI Y-ST-ZIF ME REET ADI TY-ST-ZIF	amed cc rpor e corporation R PHC gnature required w	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO	F:S IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section and title if appropriate [1] DIRECTORS STE. 240	change was a 607.0505, E4)	uthorized virida Statu A AU III. E Registered / 13. 1.1 TIII. 1.2 NAM 1.3 STR 1.4 CIT 2.1 TIII. 2.2 NAM 2.3 STR 2.4 CIT 3.1 TIII.	DOVE-na by the tres. VAS Agent sig LE ME REET ADI Y-ST-ZII LE ME REET ADI TY-ST-ZII LE	amed cc rpor e corporation R PHC gnature required w	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO Change	F:S IN 12 Addition Addition
office crr agent. ai SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section and title if appropriate [1] DIRECTORS STE. 240	DELETE	uthorized / initial statu / A Cur / 13.	DOVE-NA by the tes. VAS Agent sig LE ME REET ADI TY-ST-ZIF LE ME REET ADI TY-ST-ZIF LE ME REET ADI TY-ST-ZIF LE ME	amed cc rpor e corporation R PHC gnature req. ired w	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO Change	F:S IN 12 Addition Addition
office crr agent. Lar SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section and title if appropriate [1] DIRECTORS STE. 240	DELETE	uthorized / mida Statu / A Cur / 13.	DOVE-NAME AGENT ADI Y-ST-ZIF ME REET ADI Y-ST-ZIF ME REET ADI TY-ST-ZIF ME REET ADI	amed cc rpor e corporation R RAPE gnature required w DDRESS DDRESS DDRESS	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO Change	F:S IN 12 Addition Addition
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section and title if appropriate [1] DIRECTORS STE. 240	DELETE	uthorized / mida Statu / A Cur / 13.	by the by the tes. YAS Agent sign LE ME REET ADI LY-ST-ZI LE ME REET ADI TY-ST-ZI ME ME REET ADI TY-ST-ZI TY-ST-ZI TY-ST-ZI	amed cc rpor e corporation R RAPE gnature required w DDRESS DDRESS DDRESS	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO Change	F:S IN 12 Addition Addition
office crr agent. Lai SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section and title if appropriate [1] DIRECTORS STE. 240	DELETE DELETE	uthorized / mida Statu	DOVE-THE DOVE THE PROPERTY OF	amed cc rpor e corporation R RAPE gnature required w DDRESS DDRESS DDRESS	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO Change Change	F:S IN 12 Addition Addition
office crr agent. Lai SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section and title if appropriate [1] DIRECTORS STE. 240	DELETE DELETE	Uthonized India Statu India Statu India	DOVE-THE DOVE THE PROPERTY OF	amed cc rpor e corporation R RAPE gnature required w DDRESS DDRESS DDRESS DDRESS	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO Change Change	F:S IN 12 Addition Addition
Office of ragent. I at agent.	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section and title if appropriate [1] DIRECTORS STE. 240	DELETE DELETE	uthorized initial statu	by the by	amed cc rpor e corporation R PAR PAR PAR PAR PAR PAR PAR PAR PAR PA	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO Change Change	F:S IN 12 Addition Addition
Office or reagent. I at agent. I agent. I at agent. I	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section and the Happy of the Property of the Proper	DELETE DELETE	uthorized initial statu	DOVE-THE DOVE THE PROPERTY OF	amed cc rpor e corporation R PAR PAR PAR PAR PAR PAR PAR PAR PAR PA	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	ND DIRECTO Change Change	F:S IN 12 Addition Addition
Office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section and the Happy of the Property of the Proper	DELETE DELETE DELETE	uthorized / mida Statu / A Curi / Tana / Tan	DOVE-THE DOVE THE PROPERTY OF	amed cc rpor e corporation R PAR PAR PAR PAR PAR PAR PAR PAR PAR PA	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	Change Change	F:S IN 12 Addition Addition Addition
Office or magent. I am agent.	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section and the Happy of the Property of the Proper	DELETE DELETE DELETE	uthorized initial statu	DOVE-THE DOVE THE PROPERTY OF	amed cc rpor e corporation R	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	Change Change	F:S IN 12 Addition Addition Addition
Office of ragent. I at agent.	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section and the Happy of the Property of the Proper	DELETE DELETE DELETE	uthorized initial statu	DOVE-THE DOVE THE DOV	amed cc rpor e corporation R PP Granture required w DORESS DORESS DORESS DORESS DORESS DORESS DORESS	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	Change Change	F:S IN 12 Addition Addition Addition
Office of ragent. I at agent.	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section of Sectio	DELETE DELETE DELETE	uthorized initial statu	DOVE-THE DOVE THE DOV	amed cc rpor e corporation R PP Granture required w DORESS DORESS DORESS DORESS DORESS DORESS DORESS	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	Change Change	F:S IN 12 Addition Addition Addition
Office of ragent. I at agent.	Signature, typed or printed in the state of	on, in the State of accept the obligate of the	of Florida. Such cliphs of Section of Sectio	DELETE DELETE DELETE	uthorized initial statu	DOVE-THE DOVE-THE DOVE THE DOV	amed cc rpor e corporation R PP Granture required w DORESS DORESS DORESS DORESS DORESS DORESS DORESS	(LA US6 when reinstating)	(AS)	eby accept	/ ZZ	Change C	F:S IN 12 Addition Addition Addition Addition

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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed one an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: