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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S94652** **(2)**

1. Corporation Name
~~CUMBERLAND HOLDINGS, INC.~~

CUMBERLAND TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
4311 WEST WATERS AVE., SUITE 501 TAMPA FL 33614	4311 WEST WATERS AVE., SUITE 501 TAMPA FL 33614-1979

3. Date Incorporated or Qualified: **11/18/1991**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2859008** ☐ Applied For ☐ Not Applicable

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

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

WILLIAMS, JOSEPH M.
4311 W. WATERS AVE.
SUITE 501
TAMPA FL 33614

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, FRANCIS M.		1.2 NAME		
STREET ADDRESS	1501 2ND AVENUE EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DTP	☐ DELETE	2.1 TITLE	PT	☒ Change ☐ Addition
NAME	WILLIAMS, JOSEPH M.		2.2 NAME	WILLIAMS, JOSEPH M.	
STREET ADDRESS	4311 W. WATERS AVE #501		2.3 STREET ADDRESS	4311 W. WATERS AVE #501	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHANDLER, GEORGE A.		3.2 NAME		
STREET ADDRESS	53 CONSTITUTION HILL W.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON NJ		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, CAROL S		4.2 NAME	500002182235	
STREET ADDRESS	4311 WEST WATERS AVENUE #501		4.3 STREET ADDRESS	-05/19/97--01008--019	
CITY-ST-ZIP	TAMPA FL 33614		4.4 CITY-ST-ZIP	***165.00	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	ANDREW COHEN	
STREET ADDRESS			5.3 STREET ADDRESS	1313 GREW ST	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CS 5/8/97	

CR2E034 (9/96)

14. I do 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: CAROL S. BLACK — 4/28/97 — (813) 889-4019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #