

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFESSIONAL  
CORPORATION  
ANNUAL REPORT

1996



DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S98116** (4)

ACCESS TECHNOLOGY, INC.



28 W FLAGLER ST  
SUITE 400  
MIAMI FL 33130

28 W FLAGLER ST  
SUITE 400  
MIAMI FL 33130

|                                                                                                                                                    |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/02/1991</b>                                                                                             | 3a. Date of Last Report<br><b>05/11/1995</b>           |
| 4. FEI Number<br><b>65-0395930</b>                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certified Status Desired<br><input type="checkbox"/>                                                                                            | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                              | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |
| 10. Name and Address of New Registered Agent                                                                                                       |                                                        |

9. Name and Address of Current Registered Agent

SPIEGELMAN, GUY  
28 W FLAGLER ST  
SUITE 400  
MIAMI FL 33130

|                                                       |                 |
|-------------------------------------------------------|-----------------|
| 81. Name                                              |                 |
| 82. Street Address (P.O. Box Number - Not Acceptable) |                 |
| 83.                                                   |                 |
| 84. City                                              | FL 85. Zip Code |

11. I, the undersigned, being duly sworn, depose and say that I am a resident of the State of Florida and am qualified to execute this statement for the purpose of changing its registered office. I am duly authorized to execute this statement on behalf of the corporation. I hereby accept the appointment as registered agent. I am

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
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| 12. Name and Address of Registered Agent                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| P<br>D'ONOFRIO, ARTHUR M.<br>8010 NW 56 ST.<br>MIAMI FL | <table border="1"><tr><td>1. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>2. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>3. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>4. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>5. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>6. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>7. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>8. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>9. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>10. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>11. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>12. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>13. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>14. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>15. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>16. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>17. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>18. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>19. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>20. Name</td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr></table> | 1. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 2. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 3. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 4. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 5. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 6. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 7. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 8. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 9. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 10. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 11. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 12. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 13. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 14. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 15. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 16. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 17. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 18. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 19. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add | 20. Name | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 1. Name                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 2. Name                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 3. Name                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 4. Name                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 5. Name                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 6. Name                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 7. Name                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 8. Name                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 9. Name                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 10. Name                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 11. Name                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 12. Name                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 13. Name                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 14. Name                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 15. Name                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 16. Name                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 17. Name                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 18. Name                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 19. Name                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |
| 20. Name                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |         |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |          |                                                              |

14. I, the undersigned, being duly sworn, depose and say that I am a resident of the State of Florida and am qualified to execute this statement for the purpose of changing its registered office. I am duly authorized to execute this statement on behalf of the corporation. I hereby accept the appointment as registered agent. I am

SIGNATURE: 1/17/96 305-588-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)