

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 27 1996 8:00 am  
Secretary of State

DOCUMENT # **V14892** (6)  
1. Corporation Name  
**DATABASE TECHNOLOGIES, INC.**



Principal Place of Business Mailing Address  
**100 EAST SAMPLE ROAD, STE. 410 200**  
**POMPANO BEACH FL 33064** **100 EAST SAMPLE ROAD, STE. 410 200**  
**POMPANO BEACH FL 33064**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/18/1992</b>		3a. Date of Last Report <b>02/28/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0324434</b>		Applied For Not Applicable	
22 (note change above) City & State		27 (note change above) City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ASHER, HANK**  
**100 E. SAMPLE RD.**  
**SUITE 200**  
**POMPANO BEACH FL 33064**

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ASHER, HANK</b>	1.2 NAME	<b>Zalcberg, Sari</b>
STREET ADDRESS	<b>100 E. SAMPLE RD., SUITE 210 200</b>	1.3 STREET ADDRESS	<b>100 E. Sample Rd., Suite 200</b>
CITY-STATE-ZIP	<b>POMPANO BEACH FL 33064</b>	1.4 CITY-STATE-ZIP	<b>Pompano Beach, FL 33064</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ASHER, CHARLES</b>	2.2 NAME	<b>Breton, Christiane</b>
STREET ADDRESS	<b>400 TRIGON BUILDING, 224 W. JEFFERSON BLVD</b>	2.3 STREET ADDRESS	<b>100 E. Sample Rd., Suite 200</b>
CITY-STATE-ZIP	<b>SOUTH BEND IN 46601</b>	2.4 CITY-STATE-ZIP	<b>Pompano Beach, FL 33064</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEIGHT, JACK</b>	3.2 NAME	<b>Hight, Jack</b>
STREET ADDRESS	<b>347 AUSTRALIAN AVE.</b>	3.3 STREET ADDRESS	<b>100 E. Sample Rd., Suite 200</b>
CITY-STATE-ZIP	<b>PALM BEACH FL</b>	3.4 CITY-STATE-ZIP	<b>Pompano Beach, FL 33064</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, COLIN</b>	4.2 NAME	<b>Langone, Kenneth</b>
STREET ADDRESS	<b>1800 SOUTH AUSTRILIAN AVE.</b>	4.3 STREET ADDRESS	<b>375 Park Ave., Suite 2205</b>
CITY-STATE-ZIP	<b>WEST PALM BEACH FL</b>	4.4 CITY-STATE-ZIP	<b>New York, NY 10152</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, SHERMAN</b>	5.2 NAME	<b>Erlbaum, Gary</b>
STREET ADDRESS	<b>8887 E. VIA DE VENTURA, SUITE 301</b>	5.3 STREET ADDRESS	<b>12 Point Road</b>
CITY-STATE-ZIP	<b>SCOTTSDALE AZ</b>	5.4 CITY-STATE-ZIP	<b>Longport, NJ 08403</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Goodwin, Darrell</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1331 E. Lafayette St., Suite D</b>
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	<b>Tallahassee, FL 32301</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

954-781-5221

CR2E034 (12/95)