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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(9)

1. Corporation Name

ADDELL	TECHNOL	ACIEC.	ILIO
	I PI .MNI N	1846	INI

AIDEN	TEOTHOEOGIEO WO.								
Principal Place of	of Business	Mailing Address				3 109Hi Milmin Birin Irrik Odian iani		i vivit vi	AST MARTI BINIS ARDS
3403 N.W. 55TH STREET BUILDING #10 FT. LAUDERDALE FL 33309		3403 N.W. 55TH ST BUILDING 10 ET LAUDERDALE EL 3							
71. ENOUGHO	ALL 11 WWW	US				3. Date Incorporated or Qualified 07/09/1992	3a. Date 06	of Last /29/1	•
2. Principal Place	ce of Business	2a. Mailing Address 26				4. FEI Number 65-0344036			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.	75 Additional
22		27				5. Certificate of Status Desired		Fe	e Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	intangible ta	under	s 199.032,
24	25	29	30				s 🔲 No		
	9. Name and Address of Curren	t Registered Agent		81		10. Name and Address of New I	Registered A	gent	
				°'	Name				
WILLIAM				82	Street Addr	ess (P.O. Box Number is Not Acceptat	ble)		
3403 N.V				B3					·
BUILDING									- <u></u>
FI. LAU	DERDALE FL 33309			64	City		FL	85	Zip Code
or registere familiar with	o the provisions of Sections 607.0502 of agent, or both, in the State of Floric n, and accept the obligations of, Sect	ta. Such change was authorize	s, the abo ed by the o	ve-n corpc	amed corpor oration's boar	ation submits this statement for the pure of directors. I hereby accept the app	irpose of cha pointment as	nging it register	s registered office red agent. I am
SIGNATURE	signature, typed or printed name of registered agent			Agent	t signature requirer	d when reinstating!	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OF		DIREC Chang	
TITLE	D	☐ DELETE	1.17				L	j vitani	J: [_} Addition
NAME Otology appropriate	WILLIAMS, IAN		1.2 N		ADDRESS				
STREET ADDRESS	1828 NW 115TH WAY			TY-\$1					į
CITY - ST - ZIP TITLE	CORAL SPRINGS FL D	[] DELETE	2 1 1		1-20) Chang	3 Addition
NAME	NATHANSON, MONTE	.	22 N				_		_
STREET ADDRESS	3403 N.W. 55TH ST BLDG. 4	F10	2.3 S	REET.	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	•	2.4 C	TY-SI	T-ZIP				
TITLE	D	☐ DELETE	3.11	ITLE				Chan	ga 🔲 Addition
NAME	GREENSPOON, WARREN		3.2 N	AME					
STREET ADDRESS	3403 N.W. 55TH ST BLDG #	10	3 3 S	TREET	ADDRESS				
CITY - ST - ZIP	FT. LAUDERDALE FL			TY-S	T-ZIP		·····	7.05	. Fil Address
TITLE		☐ DELETE	4.13				L.] Chan	ge Addition
NAME :			4.2 N						
STREET ADDRESS					ADDRESS				
C(TY-ST-ZIP		☐ DELETE	5 1 T	ITY-S	T - ZIP			Chan	ge Addition
TITLE			52N				L		- C
NAME expect appress					ADDRESS				
STREET ADDRESS				ITY-S					
CITY-ST-ZIP TITLE		DELETE	6.17					Chan	ge 🔲 Addition
NAME			62 N		ļ		_		
STHEET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 C	ITY-S	T-71P				
14 Ldo hereb	certify that the information supplied	with this filing is voluntarily furn	ished and	does	s not qualify t	for the exemption stated in Section 119	9.07(3)(k), Flo	rida St	etutes. I further

ruo i releasy centry 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 oh an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR