

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MATHEW
COMMISSIONER OF STATE

5 MAY 11 AM 9:06

DOCUMENT # **V68239**

(5)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GARO TECHNOLOGY, INC.

PLEASE WRITE IN THIS SPACE

21. Date of Incorporation		22. Mailing Address		3. Date Incorporated (or Qualified)		3a. Date of Last Report	
10/01/1992		6299 POWERS AVENUE SUITE 242 JACKSONVILLE FL 32217		10/01/1992		08/05/1994	
22. Date of Report		23. Date of Report		4. FIC Number		Applied For	
10/01/1992		10/01/1992		59-3143802		Not Applicable	
23. Date of Report		24. Date of Report		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
10/01/1992		10/01/1992		<input type="checkbox"/>		<input type="checkbox"/>	
24. Date of Report		25. Date of Report		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
10/01/1992		10/01/1992		<input type="checkbox"/>		<input type="checkbox"/>	
25. Date of Report		26. Date of Report		7. This Corporation has liability for registration tax under Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10/01/1992		10/01/1992		<input type="checkbox"/>		<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARCIA, ROY 6299 POWERS AVENUE SUITE 242 JACKSONVILLE FL 32217				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3. City			
				B4. State FL B5. Zip Code			

11. Pursuant to the provisions of Sections 270.01 and 270.02, Florida Statutes, the above named corporation adopts this statement for the purpose of changing its registered office or registered agent of both in the State of Florida. Such change was authorized by the corporation's board of directors, if any, and I accept the appointment as registered agent in conformity with the provisions of the Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D GARCIA, ROY 7832 GULF ROAD SOUTH JACKSONVILLE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		5. ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		8. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		9. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		10. ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 270.02(9)(b), Florida Statutes. I further certify that the information submitted as the 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 this certificate is dated for the corporation or the officer or trustee empowered to execute this report as required by Chapter 270, Florida Statutes, and that my name appears in Block 1, or Block 4, or Block 5, as appropriate, on an attachment to this address.

SIGNATURE: *Roy Garcia Sr.* DATE: *5/9/95* TELEPHONE: *(904) 733-6675*