

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V71460

(2)

1. Corporation Name  
FIDELIO TECHNOLOGIES, INC.



Principal Place of Business  
2640 GOLDEN GATE PARKWAY  
SUITE #211  
NAPLES FL 33942  
US

Mailing Address  
2640 GOLDEN GATE PARKWAY  
SUITE #211  
NAPLES FL 34105-3203  
US

3. Date Incorporated or Qualified 10/15/1992	3a. Date of Last Report 07/19/1996
4. FEI Number 65-0365252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

HOOLEY, JOHN F.  
%-PAULICH, O'HARA, & SLACK  
2150 GOODLETT RD, 8TH FLOOR  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name	David Marshall
82 Street Address (P.O. Box Number is Not Acceptable)	2640 Golden Gate Pkwy. Ste. 211
83	
84 City	Naples
85 Zip Code	FL 34105

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 D. Amen DATE 5/19/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEPHERD, AARON	
STREET ADDRESS	5388 THIRD AVENUE NW	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURROCK, MICHAEL	
STREET ADDRESS	2881 PINERUN RD #203	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ronald J. Kolson, President	
1.3 STREET ADDRESS	12000 Baltimore Ave	
1.4 CITY - ST - ZIP	Beltsville, MD 20705	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gary C. Kaufman, V.P.	
2.3 STREET ADDRESS	Same Address As Above	
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kenneth Taylor, Treasure	
3.3 STREET ADDRESS	Same Address As Above	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Post, Assistant Treasure	
4.3 STREET ADDRESS	Same Address As Above	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Judith Wilbert, Secretary	
5.3 STREET ADDRESS	Same Address As Above	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3/17/97

(301) 210-8000

CP2E034 (9/96)