07-28-1999 90014 007 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # 1. Corporation Name | P98000072783 |
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R2 TECHNOLOGIES, INC.

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|--|--|---|--|--|---|--|---|----------------|
| Principal Plac | e of Business | Mailing Address | | | 1 100 1100 110 1010 1010 1010 1010 | 2011; 2011) AUIT 18916 (| 1911 19201 12122 1111 1221 | |
| 13703 RISHMO | ND PARK DRIVE. NORTH | 13703 NCHMOND PARK | DRIVE. NOR | TH | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| SUITE 2903 | 20004 | SUITE 290 | | | DO NOT WA | DITE IN THIS SDA | CE | |
| JACKSONVILLE | ORVILLE PG 32224 D5 ERNEST Street JACKSONVILLE FL 32224 D6 ERNEST Street | | | 3. Date Incorporated or Qualific | DO NOT WRITE IN THIS SPACE 2. Date incorporated or Otralified | | | |
| Tackson | 165 Ernest Street 2165 Ernest Street acksonville, FL 32204 Jacksonville, FL 32204 | | | 08/18/1998 | | | | |
| | lace of Business | 2a. Mailing Address | -, - | 33.00 | A PPI Name to an | | Applied For | - |
| 21 216 | 5 ERnest Street | 26 2165 | FRA | EST S | | 31398 | Not Applicable | 7 |
| Suite Ant | | Suite, Apt. #, etc. | <u> </u> | <u> </u> | | \$ | 8.75 Additional | 1 |
| 22 | - | 27 | | | 5. Certificate of Status Desired | ш . | Fee Required | |
| City & Stat | te | City & State | • | ~ . | 6. Election Campaign Financing | | 5.00 May Be | |
| 23 Jack | sonville, FL | 28 Jackson | 7V I E | = , FL | . Trust Fund Contribution | | Added to Fees | |
| | Country | Zip | _ Coun | | 8. This corporation owes the cu | arrent year | ₩ | I |
| 24 3220 | 25 | 29 32204 | 30 | | Intangible Personal Property | | F` | |
| - | 9. Name and Address of Current | Registered Agent | | 24 | 10. Name and Address of New | Registered Age | <u> </u> | 4 |
| LIAT | TEN, ROY P | | | B1 Name | | | | |
| | 7 ABA DRIVE | | | 82 Street Ac | ddress (P.O. Box Number is Not Accep | otable) | | |
| | NGE PARK FL 32073 | | ļ. | 00 | | | | 4 |
| Oliv | WACE I WILL 1 F 25010 | | | 83 | | | | ŀ |
| | | | | 84 City | - Whaten | FL 8 | Zíp Code | |
| 44 | t to the provisions of sections 607.0502 | and 607 1509. Florida State | utaa tha aba | ua namad sar | position submits this statement for the | | on its registered | - |
| | | anu ou7. Iouo. Fioriua olali | utes, the abo | ve-named cor | poration submits this statement for the | purpose or criangi | nt as registered | |
| ✓ Anoffice or | registered agent or both in the State of | f Florida. Such change wa | is authorized. | by the corner. | ation's board of directors, I hereby acc | ept me appointme | ik as registered | - |
| ✓ Anoffice or | registered agent, or both, in the State of am familiar with, and accept the obligation | f Florida. Such change wa | is authorized. | by the corner. | ation's board of directors, I hereby acc | | | |
| ✓ Anoffice or | registered agent, or both, in the State of am familiar with, and accept the obligation | f Florida. Such change wa ons of, section 607.0505, | is authorized Florida Statu | by the corporates. | | 7.27-99 | | |
| office or agent. I | registered agent or both in the State of | ons of, section 607.0505, | is authorized Florida Statu | by the corporates. | required when reinstating) ADDITIONS/CHANGES TO C | 7.27-99 DATE | | (66) |
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14. I 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.

IGNATURE:

7-27-99