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

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

	1996 DIVISION OF COL				•				
1. Corporation	MENT # <b>G514</b> TECHNIQUES, INC.	71 (2)					1 1000: ((á) <b>5</b> (2	III RIBH BISIN BIB	(1) \$1211 B1211 1461
Principal Place 600 301 BLV		Mailing Address	IDION .						., 0.0., 2.0., 100,
#188	-	C/O MICHAEL M. HAM 1205 MANATEE AVENU	JE WEST						
BRADENTON US	I FL 34205	BRADENTON FL 34205	•		-	3. Date Incorporated or Qualifi	od <b>3a</b>	Date of Last F	Panort
						07/27/1983	00.	04/27/19	
	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #	# etc	Suite, Apt. #, etc.				59-2328328		· · · · · · · · · · · · · · · · · · ·	Not Applicable
22	., •	27				<ol><li>Certificate of Status Desired</li></ol>			5 Additional Required
City & State	)	City & State				6. Election Campaign Financin	9 _	<del></del>	00 May Be
<b>23</b> Zip	Country	28	т——			Trust Fund Contribution		Adde	d to Fees
24	Country 25	Zip <b>29</b>	30	untry		<ol> <li>This corporation has liability Florida Statutes</li> </ol>	for intangib Yes \[ \] No		199.032
	9. Name and Address of Curre		[30]	Ι	<u>.</u> 1	0. Name and Address of Ne			
	_			81 Name				<u></u> <b>9</b>	
	CK, MICHAEL M.			82 Street	Address	(P.O. Box Number is Not Acce	otable)		
	ANATEE AVENUE WEST								
DIVAUCI	NTON FL 34205			83					
				84 City				<b>85</b> Z	p Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	s the abo	we-named o	ornoration	submite this statement for the		L os a	registered offe
Or registers	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	iua. Such charide was authorize	d by the	corporation's	s board of	directors. I hereby accept the	appointmen	t as registered	:egistered office ∄agent. Lam
SIGNATURE.	n, and accept the congations of, sec	alon 607.0005, Florida Statutes.							
	Styrioture, typed or printed name of registered ager		E: Registered	Agent signature	required whe	n reinstating)	DAT	F	
12.	OFFICERS AN	ND DIRECTORS			т	ADDITIONS/CHANGES TO	OFFICERS A		
TITLE NAME	Lorentzen, Robert	☐ DELETE	1.11		) X		Change Change	☐ Addition	
STREET ADDRESS	600 U.S. 301 BLVD.,W.			1.2 NAME 1.3 STREET ADDRESS		OZI MANATER AUE. W. STR.C			
CHY-ST-ZIP	BRADENTON FL		1	ITY-ST-ZIP	1204	3420S			
TITLE		DELETE	2 1 T		<b>†</b>			Change	Addition
NAME			2 2 N	AME			_ ,	<b>—</b>	
STREET ADDRESS			2351	THEET ADDRESS					
CHY-ST-ZIP			2 4 Ci	TY-ST-ZIP					
THILF		☐ DELETE	3 1 T					☐ Change	■ Addition
NAME CAUCA ADDRESS			3 2 N						
STREET ADDRESS O(TY+ST-ZIP)				TREET ADDRESS					
TITLE		☐ DELETE	4. 1 T	TY-ST-ZIP	<del> </del>			☐ Change	Addition
NAME			4.2 N/					☐ outlings	L Addition
STREET ADDRESS				REET ADDRESS					
CITY-St-ZIP		_	4.4 CI	TY-ST-ZIP					
TITLE		DELETE	5 1 Ti	TLE				☐ Change	Addition
NAME			5 2 NA	AME					
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELĒTE		TY-ST-ZIP	<b>.</b>				
NAME		□] nercis	6 1 TI					Change	☐ Addition
STREET ADDRESS			62 N/	reet address					
CITY - ST - ZIP	$\wedge$			TY-ST-ZIP					
	certify that the information supplied	with this filing is voluntarily furnis	hed and	does not qua	alify for the	exemption stated in Section 1	19.07(3)(k),	Florida Statut	es. I further

or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name inchment with an address. certify that the information indice oath; that I am an officer or dinappears in Block 12 or Block 1

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR