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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G84530

(6)

**FILED** Feb 12 1998 8:00am Secretary of State

MANUFACTURING TECHNOLOGY, INC.  Principal Place of Business						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/10/1984		
2. Principal F	Place of Business	Address		<del></del>	4. FEI Number	Aı	pplied For	
21		26	Suite, Apt. #, etc.			59-2387367	Not Applicable	
Suite, Apt.	#, GIC	27 Suite, Ar	ot. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	10	City & St	late	<del>.</del>	<del></del>	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	• • • • • • • • • • • • • • • • • • • •	to Fees
<b>Z</b> ip <b>24</b>	Country	Zip	3	Country		8. This corporation owes or has paid the Personal Property Tax due June 30.		tangible ☑ No
24	9. Name and Address of Curre	29 ent Registered Acc		T T		10. Name and Address of New Registers		
HS	IU, PAUL			B1	Name			
	READY AVE NW				Dr d d	(0.0.0		
	. WALTON BCH. FL 33548			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
•				83				
				-	- 03		IA-T SI	0-4-
				84	City	F	85 Zip	Code
agent I a	am familiar with, and accept the obligative, typed or proted name of registered a		· · · · · · · · · · · · · · · · · · ·			red when reinsleting) DAYE ADDITIONS/CHANGES TO OFFICERS A		DC (N. 12
TITLE	T DP		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	HSU, PAUL S	_		1.2 NAME				,
STREET ADDRESS	70 READY AVENUE NW			1.3 STREET	2239004			
CITY-ST-ZIP	FT. WALTON BCH. FL 3254	18		1.4 CITY-S				
TITLE	DVST		DELETE	2.1 TITLE	1 411		☐ Change	Addition
NAME	HSU, MAJES			2.2 NAME				
STREET ADDRESS	70 READY AVENUE NW			2.3 STREET	ADDRESS			
CITY-ST-ZIP	FT. WALTON BCH. FL 3254	<b>.</b> 8		2. 4 CITY - S	ST-ZIP			
TITLE		τ	DELETE	3.1 TITLE			☐ Change	Addition
NAME				3.2 NAME	1			
STREET ADORESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>	· ···		3 4. CITY- 5	ST-ZIP			
TITLE		I	DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP		<del>-</del>	7 55: 65-	4.4 CITY-S	T-ZIP			F 4.430
TITLE		L.	DELETE	5.1 TITLE			☐ Change	Addition
NAME	1			5.2 NAME				
STREET ADDRESS	}			5.3 STREET				
CITY-ST-ZIP			DUETE	5.4 CITY-S	T- ZIP			Andriki c.
TITLE		L.	DELETE	6.1 TITLE			☐ Change	Addition
NAME				6.2 NAME	400000			
STREET ADDRESS				6.3 STREET	1			
CITY-ST-ZIP	1			6.4 CITY-S	T-ZIP			

14. Thereby 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 altachment with an address.

(850) 644-607D 1/12/08