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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| ANNUAL REPORT Secretary | | Secretary of Secre | of State | | Secretary of State | | | |
|---|---|--|---|----------------|--|-------------|-------------------------|------------|
| 1. Corporation | MENT # H85094 TECH CORP. | 4 (1) | | | # (# ###) # ## (############################## | | âlâji â iâii âif | |
| Principal Place of Business Mailing Address 2530 KIRBY AVE NE 1871 BEL COURT 301 INDIALANTIC FL 32903 PALM BAY FL 32905 US | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/12/1005 | | | |
| | Progress Circle | 26. Mailing Address | | | 11/13/1985 4. FEI Number | | <u> </u> | pplied For |
| 21 7614 Sulte, Apt. | | Suite, Apt. #, etc. | | | 59-2617123 | | \$8.75 A | Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | | Fee Re | |
| City & State 23 W. Me | elbourne, FL | City & State | | • | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Zip 24 329 | | | Country | | This corporation owes or has p Personal Property Tax due Jun | · · | ent year Inl | |
| | Name and Address of Current | Registered Agent | 041 | | 0. Name and Address of New R | egistered A | gent | |
| | EEDEN, ROBERT A. | | 81 Name | | | | | |
| | 71 BE L CT. DIALANTIC FL 32903 | | 82 Street | t Address | (P.O. Box Number is Not Accepta | able) | | |
| **** | DIMENTITO I E GEOGG | | 83 | | | | | |
| | | | 84 City | | | | 85 Zip (| Code |
| 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 | Signature, typed or printed hame of registered agen | t and title it applicable (NOTE: Regis | stered Agent signatur | re required wh | en reinstatno) | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | | DIRECTOR | S IN 12 |
| TITLE | DP | ☐ DELETE 1 | 1.1 TITLE | | | | Change | Addition |
| NAME | Breeden, Robert A. 1871 Bel Ct. | | I.2 NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | INDIALANTIC FL | 1 | I.3 STREET ADORESS I.4 CITY - ST - ZIP | · | | | | |
| TITLE | DV | | 2.1 TITLE | | | | Change | Addition |
| NAME | BREEDEN, JAMES D. | 2 | 2 NAME | | | | | |
| STREET ADDRESS | 1823 GULF CT. | 2 | 3 STREET ADDRESS | ; [| | · . | | Ţ |
| CITY-ST-ZIP | INDIALANTIC FL. | | 4 CHTY-ST-ZIP | _ | | | T channe | I Malaina |
| TITLE NAME | 8 Breeden, anita | | I.1 TITLE I.2 NAME | | | L | Change | Addition |
| STREET ADDRESS | 1871 BEL CT. | | 3.3 STREET ADDRESS | . } | | | | } |
| CITY-ST-ZIP | INDIALANTIC FL | | 1.4. CITY-ST-21P | | | | | |
| TITLE | V | ☐ DELETE 4 | .1 TITLE | | | | Change | Addition |
| NAME | BREEDEN, TIMOTHY E. | 4 | . 2 NAME | | | | | ļ |
| STREET ADDRESS | 980 BUTTON AVE., S.E. Palm bay fl | l i | 3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | PALM DAT FL | 2.01.070 | 14 CHY-ST-ZIP | | | | Change | Addition |
| NAME | | | 2 NAME | | | | 0590 | |
| STREET ADDRESS | | | .3 STREET ADDRESS | | | | | Ì |
| CITY-ST-ZIP | | | 4 CITY-ST-ZIP | ļ | | | | |
| TITLE | • | | .1 THLE | | | Ţ | Change | ☐ Addition |
| NAME | | | .2 NAME | } | | | | } |
| STREET ADDRESS | | • | 3 STREET ADDRESS | | | | | ļ |
| CITY-ST-ZIP | | 6 | 4 CITY-ST-ZIP | 1 | 140 07/0\(0) First City | | | |

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 informatio 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 attact prient with an address.

SIGNATURE.

FILED

Apr 15 1998 8:00am