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

**PROFIT CORPORATION** ANNUAL REPORT

1998



L51597

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(7)

STORETECH, INC.

DOCUMENT #

**FILED** Feb 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				T (MANSON) DAN DINDI UNDU UNDU USUKA NDU USUKA	· DLAR! ATATE BING AND IT ARATE ON F	
C/O ORLANDO GLENN CALABRESE 6560 W ROGERS CIR S-15 BOCA RATON FL 33487		C/O ORLANDO GLENN CALABRESE 6560 W ROGERS CIR S-15 BOCA RATON FL 33487		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
Principal P	tage of Business	2a. Mailing Address			02/21/1990 4. FEI Number	Applied For
<b>-</b>						Not Applicable
Suite, Apt	#. etc		Suite, Apt. #, etc.		65-0219700	CO 7E Additional
22		27	· ···]		5. Certificate of Status Desired	Fee Required
	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	nt Registered Agent	81	Τ	10. Name and Address of New Registe	red Agent
CALABRESE, ORLANDO GLENN				Name		
21552 EUCALYPTUS WAY			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33433						
			83	i		
			84	City		85 Zip Code
						FL   The state of
l office or i	to the provisions of Sections 607 050 registered agent, or both, in the State im familiar with, and accept the oblig	∘of Horida. Such change was	authorized b	v the corporal	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE						
	Signature, typicd or printed name of tempoteted hip			ent signature requi		ATE
12.		D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE			1.1 TITLE			Change C Accinon
NAME	0,000,000		1.2 NAME			
STREET ADDRESS 21552 EUCALYPTUS WAY			1 3 STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON FL	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE			☐ Change ☐ Addition
TOLE	D ON ADDECE CURTIC KINA					C Change C Pacifich
NAME CALABRESE, CURTIS KIM			2.2 NAME			
STREET ADDRESS 6010 BUENA VISTA CT			2.3 STREET ADDRESS			1
CITY-ST-ZIP TITLE	BOCA RATON FL	DELETE	2. 4 CITY - \$T - ZIP 3.1 TITLE			Change Addition
ľ	L better			3.2 NAME		
NAME CONTEST ADODESC				T ADDRESS		
STREET ADORESS			3.4. CITY			
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	21-71		Change Addition
NAME			4. 2 NAM			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	5.1 TITLE	01 211		Change Addition
NAME		<del>_</del> -	5.2 NAME			
STREET ADDRESS				T AODRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	1		
STREET ADDRESS				T ADDRESS		
C.II.C. / ADD/18:00						

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 amount 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 for the Toceiver 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 chapted, or the autottachment with an address. AUDO GLADA) CALABRESE

561-997-8096