## 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

POCUMENT # P9700000221 (6)

TECHTRON COMMUNICATIONS, INC.

## **FILED** Mar 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 425 SUN LAKE CIRCLE. STE. 303 425 SUN LAKE CIRCLE, STE. 303 LAKE MARY FL 32746 LAKE MARY FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3430423 Not Applicable Suite, Apt. #, etc Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name HUDSON, VINETTE M **6451 PREAKNESS DRIVE** Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32818 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, typind or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition HILL, DARRELL L NAME 1.2 NAME 425 SUN LAKE CIRCLE SUITE 303 STREET ADDRESS 1.3 STREET ADDRESS LAKE MARY FL CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE L. Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 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 attachment with an address

SIGNATURE.

) annall Lepo

March 12, 1998 (402) 324-334