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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026035 (2)

GEHR-HUFF TECHNOLOGIES, INC.

FILED Mar 06 1998 8:00am Secretary of State

|--|--|--|--|--|--|

Principal Plac	e of Business	Mailing Address			WELL GILL GELDE IN D. S.I. 1051
1645 PALM BEACH LAKES BLVD 1645 PALM BEACH LAKES		(ES BLVD			
SUITE 300	BEACH FL 33401	SUITE 300 West Palm Beach Fl	22401	DO NOT WRITE IN TH	IS SPACE
WEST FALM	BEACH FE 33401	WEST PALM DEACH TE	. 33401	3. Date Incorporated or Qualified	IS STACE
				03/29/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0565403	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	[29]	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ni Registered Agent	81 Name	10. Name and Address of New Registers	od Agent
	HRING, KURT		81 Name		
	45 PALM BEACH LAKES BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	HTE 300		J		
W	EST PALM BEACH FL 33401		83		
			84 City		85 Zip Code
					
Office or r	to the provisions of Sections 607.05(egistered agent, or both, in the State m familiar with, and accept the oblig	rof Florida. Such change was	authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ippointment as registered
SIGNATURE					
OIGHATORE	Signature, typed or printed native of regestived ag-	etand licitapyteable (NO	TE: Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P OF INDIA 14 INT	☐ DELF1E	1.1 TITLE		☐ Change ☐ Addition
NAME	GEHRING, KURT	N. 1. M.	1.2 NAME		
STREET ADDRESS	1645 PALM BEACH LAKES E		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 334		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		\
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 C/TY-ST-ZIP		
TITLE		[_] DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		1229
TETLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-2IP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		
TITLE		DELETE	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 cloes 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 arrived 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 allachment with an address.

SIGNATURE: