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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90171 032 ***150.00

DOCUMENT # F98000006757

1. Corporation Name
WORLD TECH MANAGEMENT, INC.

Principal Place of Business	Mailing Address
PO BOX 6346 TRAVERSE CITY MI 49686-6346	PO BOX 6346 TRAVERSE CITY MI 49686-6346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/14/1998

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 38-3282522 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~HAINES, JOHN~~
~~231 N. HWY 19A, SUITE K~~
~~TARPON SPRINGS FL 34689~~

Salveson, Robert
1562 Stormway Court
Apopka, FL. 32712

10. Name and Address of New Registered Agent

81 Name: Robert Salveson
82 Street Address (P.O. Box Number is Not Acceptable): 1562 Stormway Court
83
84 City: Apopka **FL** 85 Zip Code: 32712

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: Robert Salveson — Robert Salveson — 4-28-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REDMAN, DALE L		1.2 NAME		
STREET ADDRESS	1724 SUNRISE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GRAWN MI 49637		1.4 CITY-ST-ZIP		
TITLE	CEOD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, ISABEL		2.2 NAME		
STREET ADDRESS	7527 WOOD RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	KINGSLEY MI 49649		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STERNTHAL, NANCY M		3.2 NAME		
STREET ADDRESS	1642 KEYSTONE HILLS DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TRAVERSE CITY MI 49686		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	INGLERIGHT, LARRY		4.2 NAME		
STREET ADDRESS	106 E. MITCHELL ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY MI 49651		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, NEAL A		5.2 NAME		
STREET ADDRESS	905 1/2 WOODMERE AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TRAVERSE CITY MI 49684		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KANAAR, JAMES		6.2 NAME		
STREET ADDRESS	500 MACKINAW ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DURANGD MI 48429		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4-29-99 — 6169419442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)