


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760603 (1)**  
 1. Corporation Name  
**FLORIDA TECH, INC.**



Principal Place of Business C/O ROBERT BOWIE 150 UNIVERSITY BLVD. MELBOURNE FL 32901 US	Mailing Address C/O ROBERT BOWIE 150 UNIVERSITY BLVD MELBOURNE FL 32901 US
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3. Date Incorporated or Qualified <b>11/05/1981</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**REVAY JR., ANDREW W.**  
**312 PALM COURT**  
**INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	BOWIE, ROBERT C.	
STREET ADDRESS	1951 SUMMERLAND AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REVAY, ANDREW W., JR.	
STREET ADDRESS	312 PALM COURT	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEAVER, LYNN E.	
STREET ADDRESS	9700 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	POTTER, WILLIAM	
STREET ADDRESS	700 S. BABCOCK STREET	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HARTLEY, JOHN T	
1.3 STREET ADDRESS	1025 W. Nasa Boulevard	
1.4 CITY-ST-ZIP	Melbourne, FL 32919	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEAVER, LYNN E	
3.3 STREET ADDRESS	914 S. RIVERSIDE DRIVE	
3.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn E. Weaver *[Signature]* 4/22/98 (407) 674-8099

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