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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 760603

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Financial Affairs	11/05/1981
22 City & State	27 150 W. University Blvd.	4. FEI Number
23 Zip Country	28 Melbourne, Florida	NOT APPLICABLE
24 32901	29 Brevard	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REVAY JR., ANDREW W. 312 PALM COURT INDIALANTIC FL 32903	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable) 3669 Teakwood Court
	83
	84 City Melbourne, FL
	85 Zip Code FL 32935

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 _____ DATE _____
Signature, typed 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	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLEY, JOHN T	1.2 NAME	
STREET ADDRESS	1025 W. NASA BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32919	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVAY, ANDREW W., JR.	2.2 NAME	
STREET ADDRESS	312 PALM COURT	2.3 STREET ADDRESS	3669 Teakwood Court
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, LYNN E.	3.2 NAME	
STREET ADDRESS	914 S. RIVERSIDE DRIVE	3.3 STREET ADDRESS	9790 S. Tropical Trail
CITY-ST-ZIP	INDIALANTIC FL 32903	3.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Andrew W. Revay, Jr. *[Signature]* 4/27/99 (407) 674-7340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #