FILE NOW: FILING FEE AFTER MAY 1 IS \$550 00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT F STATE

Sandra B. Morti

Secretary of Sta

DIVISION OF CORPOR TIONS

FILED Apr 29 1997 8:00am Secretary of State



DOCUMEN 1. Corporation Name	T #	F9600	00001810	(8)
INFORMATION RE, INC.	TECH	NOLOGIES	INTERNATIONAL	OF DELAWA

9018 NOTCHWOOD COURT **9018 NOTCHWOOD COURT** ORLANDO FL 32825 ORLANDO FL 32825-8084 3. Date Incorporated or Qualified 3a. Date of Last Fleport 04/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3332992 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Namo **GUERNSEY, PAT CPA** (No CANNOR 610 CASA PARK CIR COURT L 82 WINTER SPRINGS FL 32708 83 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 familia, with, and accept the obligations of, Section 607.0505, Florida Statutes. KHRKIDOHER SHOKLER (NOTE: Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PCST DELETE Change Addition TITLE 1.1 THILE STICKLER, PATRICK 1.2 NAME HALLINTOKATU 2 C.5 10600 BLOOMFIELD DR #224 STREET ADDRESS 1.3 STREET ADDRESS 44200 SUOLAHTI FINLAND ORLANDO FL 32825 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP Change DELETE Addition TITLE 311III F 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 T/T/E NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. I do 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 path; 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.

(4358 14)

CIONATURE.

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