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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

KOTOTECH, INC.

F97000003767 (7)

Mailing Address

2060 CHADSWORTH DR

Principal Place of Business

2060 CHADSWORTH DR

FILED Apr 13 1998 8:00am Secretary of State



DUNCUM FL	01000	DUNEDIN FE 34696		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				07/18/1997	
	lace of Business MAIN ST.	2a. Mailing Address	~/	4. FEI Number	Applied For
		26 2194 MAI	7 37,	59-345//32	Not Applicable
Suite, Apt. 22 SV176	: <i>F</i>	Suite, Apt. #, etc. 27 SVITE F		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 DVNE		City & State 28 DUNEDIN,	KL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3-169	Country 25 USA	7ip	Country	8. This corporation owes or has paid the curr	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
WOLFE, LARRY 81 Name					
	A JOHN KNOX ROAD				
	LAHASSEE FL 32303-6643		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	FL	85 Zip Code
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 Llorida. 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 Signature, typed or printed name of registered agent and tilled applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12,		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	DELETE	1.1 TOLE	ADDITION OF THE PROPERTY OF TH	Change Addition
NAME	KOTOVSKY, ROBERT M		1.2 NAME		
STREET ADDRESS	2060 CHADSWORTH DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CiTY-ST-ZIP		
TITLE		DELETE	2 1 1 ITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 THTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Į.
CITY-ST-ZIP	· 	····	4 4 CITY - ST - ZIP		
TITLE		DELETE	5 1 1ITLE		Change Addition
NAME			5.2 NAME		
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 - S1 - ZIP		
14. Thereby 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 logal 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.					