

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90010 010 ***550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000002972

1. Corporation Name

XENOTECH STRONG, INC. d/b/a **SKY-Tracker**
Florida

Principal Place of Business

4350 MCKINLEY STREET
OMAHA NE 68112

Mailing Address

4350 MCKINLEY STREET
OMAHA NE 68112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

47-0721517

Applied For

Not Applicable

5. Certificate 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.

☐ Yes

☐ No

2. Principal Place of Business

21 901 CENTRAL Florida Parkway

Suite, Apt. #, etc.

22 Suite A

City & State

23 Orlando, FLA

Zip

24 32824

Country

25 ORANGE

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD D** ☐ DELETE

NAME **WILMERS, JOHN**
STREET ADDRESS **4350 MCKINLEY ST.**
CITY-ST-ZIP **OMAHA NE**

TITLE **STD** ☐ DELETE

NAME **FRENCH, BRAD**
STREET ADDRESS **4350 MCKINLEY ST.**
CITY-ST-ZIP **OMAHA NE**

TITLE **CD** ☐ DELETE

NAME **TENNEY, ARNOLD**
STREET ADDRESS **122 OLD FORREST ROAD**
CITY-ST-ZIP **TORONTO, CANADA**

TITLE **D** ☒ DELETE

NAME **ECHTENKAMP, RONALD H**
STREET ADDRESS **4434 SOUTH 163RD ST.**
CITY-ST-ZIP **OMAHA NE**

TITLE **P** ☐ DELETE

NAME **Richard Hart**
STREET ADDRESS **7348 Bellaire Ave**
CITY-ST-ZIP **North Hollywood Ave**
North Hollywood, CA 91605

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature Required

6-30-99 (402) 453-4444

Date

Daytime Phone #

CR2E034 (5/99)