

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90171 032 \*\*\*150.00

DOCUMENT # F98000006757

1. Corporation Name  
WORLD TECH MANAGEMENT, INC.



Principal Place of Business Mailing Address  
PO BOX 6346 PO BOX 6346  
TRAVERSE CITY MI 49686-6346 TRAVERSE CITY MI 49686-6346

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified

12/14/1998

4. FEI Number

38-3282522

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 Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~NAME: JOHN~~  
~~3111 KAY ST. SW~~  
~~TRUSSVILLE AL 35278~~

Salveson, Robert  
1562 Stormway Court  
Apopka, FL. 32712

81 Name

Robert Salveson

82 Street Address (P.O. Box Number is Not Acceptable)

1562 Stormway Court

83

84 City Apopka

FL

85 Zip Code 32712

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

*Robert Salveson*  
(NOTE: Registered Agent signature required when reinstating)

4-28-99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS REDMAN, DALE L  
CITY-ST-ZIP 1724 SUNRISE ST.  
GRAWN MI 49637

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME CEO  
STREET ADDRESS ARNOLD, ISABEL  
CITY-ST-ZIP 7527 WOOD RD.  
KINGSLEY MI 49649

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS STERNTHAL, NANCY M  
CITY-ST-ZIP 1642 KEYSTONE HILLS DR.  
TRAVERSE CITY MI 49686

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS INGLERIGHT, LARRY  
CITY-ST-ZIP 106 E. MITCHELL ST.  
LAKE CITY MI 49651

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME C  
STREET ADDRESS EVANS, NEAL A  
CITY-ST-ZIP 905 1/2 WOODMERE AVE.  
TRAVERSE CITY MI 49684

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS KANAAR, JAMES  
CITY-ST-ZIP 500 MACKINAW ST.  
DURAND MI 48429

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, with all other like empowered.

SIGNATURE: *Robert Salveson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 616 941 9442  
Date Daytime Phone #

CR2E034 (11/98)