

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

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**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORENDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G83388**
1. Corporation Name
FEINWERK TECHNOLOGIES, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	14881 EVERGREEN AVE.	26	14881 EVERGREEN AVE.	02/03/1984	1/30/96
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For
23	City & State CLEARWATER, FL	28	City & State CLEARWATER, FL.	59-2368837	Not Applicable
24	Zip 34622-3008	29	Zip 34622-3008	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25	Country	30	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name	HEILNER, MARCUS T.		
				82 Street Address (P.O. Box Numbers Not Acceptable)	14881 EVERGREEN AVE.		
				83	Q		
				84 City	CLEARWATER	FL	85 Zip Code 34622-3008

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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: *Marcus T. Heilner* **MARCUS T. HEILNER, PRESIDENT** 4/28/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				1.2 NAME	HEILNER, MARCUS T.		
STREET ADDRESS				1.3 STREET ADDRESS	14881 EVERGREEN AVE.		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	CLEARWATER, FL. 34622-3008		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME	FAULHABER, PRITZ H.		
STREET ADDRESS				2.3 STREET ADDRESS	14881 EVERGREEN AVE.		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	CLEARWATER, FL. 34622-3008		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME	POULSON, ROBERT A.		
STREET ADDRESS				3.3 STREET ADDRESS	14881 EVERGREEN AVE.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	CLEARWATER, FL 34622-3008		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME	LEWIS, SARA C.		
STREET ADDRESS				4.3 STREET ADDRESS	14881 EVERGREEN AVE.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	CLEARWATER, FL 34622-3008		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		6.1 TITLE	100002165701	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME	-05/05/97--01040--066		
STREET ADDRESS				6.3 STREET ADDRESS	***165.00		
CITY-ST-ZIP				6.4 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 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 attached sheet with an address.

SIGNATURE: *Marcus T. Heilner* **MARCUS T. HEILNER, PRESIDENT** 4/28/97 (813) 573-9588

CR2E034 (9/96)