SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

AMOUNT DUE ON OR BEFORE 09/30/98: \$4 PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # H23 ARBORTECH CORPORATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

H23337

(9)

FILED Jul 16 1998 8:00am Secretary of State

ARBORT	TECH CORPORATION				
Principal Plac	e of Business	Mailing Address			
1015 MICHIGAN AVE. PALM HARBOR FL 34683 PALM HARBOR FL 34683		1015 MICHIGAN AVE. PALM HARBOR FL 34683		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	٦
				10/01/1984	1
2. Principal P	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For	╗
21		26		59-2463382 Not Applicable	,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional	7
		27		Fee Required	╛
City & Stat	le	City & State		6. Election Campaign Financing \$5.00 May Be	ı
23		28		Trust Fund Contribution	_
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	1
24	9. Name and Address of Currel	29 30	<u> </u>	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	\dashv
DALI	······································	III Negistered Agent	81 Name	IV. Haile and Address of New Registered Agent	\dashv
	MER, S. JACK US 19 ALT.				_
	M HARBOR FL 34683		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
FAL	M RANDON FL 34003		83		┥
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of sections 607.050	2 and 607.1508. Florida Statutes, th	e above-named coroor		\dashv
office or	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was author	orized by the corporatio	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
•	ani iaminar with, and accept the oblig	ations of, section 607.0505, Fiorida	Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE F	Registered Agent signature requi	lred when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7
TITLE	TD	DELETE	1.1 TITLE	Change Addition	7
NAME	Samnik, Joseph R.		1.2 NAME		
STREET ADDRESS	1499 19TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CiTY-ST-ZIP		
TITLE	VSD	DELETE	2.1 TITLE	Change Addition	
NAME	SAMNIK, FORREST A.W.		2.2 NAME		1
STREET ADDRESS	1499 19TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		4
TITLE		C PELLIE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		4
TITLE		<u></u> 5000,0	4.1 TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			4.4 CITY-ST-ZIP 5.1 TITLE	Mai Mai	4
NAME		CDracic	5.2 NAME	L_J Change L_J Addition	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE	Channa Addition	\dashv
NAME			6.2 NAME	Change Addition	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	4.		6.4 CITY-ST-ZIP		1
44 I haraby as	with that the information appelled with	this files does not avail for the av		1440 07/2V/) Florido Chatatan 14 dhannaille 45-14th information	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Fiorida 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 chapged, or on an attachment with an address.

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older Castor o

CR2E034 (5/98)