PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # KO5180

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07-07-1999 90003 012 ***150.00 08-06-1999 90005 028 ***400.00

 Corporation 	on Name NOO 100				
KD TEC	CHNOLOGIES, INC.	. *			
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:					
Principal Plac	ce of Business	Mailing Address			MYBRY BARTA BARTA BARAN BARTA 1881
•	EST 8TH AVENUE	901 NW 8TH AVENUE		[
SUITE B-3	EST DIU MAEMOE	SUITE B-3			
GAINESVILLE	FL 32601	GAINESVILLE FL 32601		DO NOT WRITE IN THE	S SPACE
US ,		US		3. Date incorporated or Qualifed	
		-,	·····	12/03/1987	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2842011	Not Applicable
Suite, Apt.	. #, olc.	Suita, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State	'		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29 3	–	Personal Property Tax.	☐Yes ☑No
-71	9. Name and Address of Current		<u>-</u>	10. Name and Address of New Registered	
			81 Name		
OUF	RHAM, MICHAEL T.		82 Street Add	rose /D.O. Boy Niverbay is blat Assessable.	
620	0 NW 53RD TERRACE		56/7	ress (P.O. Box Number is Not Acceptable)	
GAU	NESVILLE FL 32607		83		
	•				- Tag 1 2:- Oad-
			84 City	esville Fl	85 Zip Code - 3245 3
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose of	f changing its registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was auth ons of, Section 607,0505, Florida	orized by the corporation and a statutes.	poration submits this statement for the purpose or on's board of directors. I hereby accept the appo	intment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agent a				
			gistered Agent signature require		
12.	OFFICERS AND	DIRECTORS	13.	of when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 12
TITLE	OFFICERS AND		13.		ND DIRECTORS IN 12
TITLE NAME	P DIRHAM MICHAEL T	DIRECTORS DELETE	13. 1.1 TITLE 12 NAME		ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	P DURHAM, MICHAEL T. 520 N.W. 53RD TERR 56/	DIRECTORS DOELETE 7 NW 45 to Doc.	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIRHAM MICHAEL T	DIRECTORS DOELETE 7 NW 45 to Doc.	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ND DIRECTORS IN 12 Change Addition
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes, I turther certify that the information indicated on this annual report or suppliemental 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 absolute my name appears in Block 12 or Block 13 if changed.

64 CITY-ST-ZIP

SIGNATURE: