

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K73938 (8)
1. Corporation Name
FITECH, INC.



Principal Place of Business 250 INTERNATIONAL PARKWAY SUITE 134 HEATHROW FL 32746	Mailing Address 250 INTERNATIONAL PARKWAY SUITE 134 HEATHROW FL 32746
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 938 SHRIVER CIRCLE Suite, Apt. #, etc. 22 City & State 23 LAKE MARY, FL Zip Country 24 32746 25 USA		2a. Mailing Address 26 PO Box 953218 Suite, Apt. #, etc. 27 City & State 28 LAKE MARY, FL Zip Country 29 32795-3218 30 USA		3. Date Incorporated or Qualified 03/15/1989	3a. Date of Last Report 08/02/1996
				4. FEI Number 59-2946361	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAMBERLAIN, TERESA C.
938 SHRIVER CIRCLE
LAKE MARY FL 32746

81 Name CHAMBERLAIN, ROBERT L.
82 Street Address (P.O. Box Number is Not Acceptable) 938 SHRIVER CIRCLE
83
84 City LAKE MARY FL 85 Zip Code 32746

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 607.0506, Florida Statutes.

SIGNATURE

Robert L. Chamberlain
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9/15/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAMBERLAIN, TERESA C.		1.2 NAME	
STREET ADDRESS 938 SHRIVER CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKE MARY FL		1.4 CITY-ST-ZIP	
TITLE PTD	<input type="checkbox"/> DELETE	2.1 TITLE PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAMBERLAIN, ROBERT L.		2.2 NAME	
STREET ADDRESS 938 SHRIVER CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP LAKE MARY FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(j), 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.

H 407 3212988

CR2E034 (4/97)