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

FILED Feb 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L14299 (6) SINGLETEC, INC. Principal Place of Business Mailing Address 2647 N DESIGN CT PO BOX 951719 SANFORD FL 32773 LAKE MARY FL 32795-1719 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/05/1989 2. Principal Place of Business 2a. Mailing Address Applied For 59-2964562 Not Applicable 21 26 \$8.75 Additional Suite, Apl. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zgo Country 8. This corporation owes or has paid the current year intangible X Yes □ No 24 Personal Property Tax due June 30. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STOREY, KURT J. 5633 WOOD SORRELL CT 82 Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 83 Zip Code City 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Change Addition 1.1 TITLE TITLE STOREY, GLORIA ANN NAME 12 NAME **5633 WOOD SORRELL CT** STREET ADDRESS 1.3 STREET ADORESS WINTER SPRINGS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE STOREY, KURT J. 2.2 NAME NAME **5633 WOOD SORRELL CT** 2.3 STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 10TLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition Change DELETE 61 TITLE TITLE 6.2 NAME NAME

Gloria Ann Storey 2/5/98 (407)324-0440

STREET ADDRESS CITY-ST-ZIP

**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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in