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95 MAY 11 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
CORPORATIONS

DOCUMENT # **M78701** (3)  
1. Corporation Name  
**ADDTEK OF AMERICA, INC.**

Principal Place of Business  
**C/O GALE NOBLE  
41 WINDSOR LANE  
PALM BEACH FL 33418**

Mail Stop  
**41 WINDSOR LN  
PALM BEACH GARDENS FL 33418**

2. Previous Place of Business  
**21** State: **FL** City: **APT 401**

2a. Mailing Address  
**26** State: **FL** City: **APT 401**

22. City & State  
**27** City: **APT 401** State: **FL**

23. City & State  
**28** City: **APT 401** State: **FL**

24. City & State  
**25** City: **APT 401** State: **FL** **29** City: **APT 401** State: **FL** **30** City: **APT 401** State: **FL**

Do Not Write in This Space

3. Date of Incorporation (or Qualification) **04/22/1988** 3a. Date of Last Report **05/24/1994**

4. FEI Number **65-0087748** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for changing the tax under 51.198.022 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**NOBLE, GALE  
41 WINDSOR LANE  
PALM BEACH FL 33418**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1909, 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 607.0602, Florida Statutes.

SIGNATURE \_\_\_\_\_ Date of Signature \_\_\_\_\_  
Signature of Registered Agent (signature of new registered agent) \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP NOBLE, GALE 41 WINDSOR LANE PALM BEACH FL	13.1 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP	DV NOBLE, JACQUELINE 41 WINDSOR LANE PALM BEACH FL	13.2 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP		13.3 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP		13.4 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP		13.5 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP		13.6 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 TITLE NAME STREET ADDRESS CITY, ST, ZIP		13.7 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and correct and qualify for the exemption stated in Section 1.198.022(9)(b), Florida Statutes. I further certify that the information included 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 issue this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or the attached.

SIGNATURE: *Gale Noble*  
SIGNATURE AND TITLE OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

55-95 407-626-7438  
DATE TELEPHONE