

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07496
1. Corporation Name
TEMPUSTECH, INC.

**APPROVED
AND
FILED**
95 MAY 30 AM 9:22
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business: **295 AIRPORT ROAD, NAPLES, FL 33942**
Mailing Address: **295 AIRPORT ROAD, NAPLES, FL 33942**

700001504407
-06/02/95--01024--025
******233.75 ****233.75**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 09/23/1985		3a. Date of Last Report 04/27/1994	
2. Principal Place of Business 21		2a. Mailing Address 26	
4. FEI Number 68-0024278		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Suite, Apt. #, etc		27. Suite, Apt. #, etc	
22. City & State		27. City & State	
23. Zip		28. Zip	
Country		Country	
24. *		29. *	
30. *		30. *	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SENKEVICH, WILLIAM J. 295 AIRPORT ROAD NAPLES, FL 33942				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				FL			

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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNELLI, JOHN J.	12 NAME	SENKEVICH, WILLIAM J.
STREET ADDRESS	373 BAY MEADOWS DRIVE	13 STREET ADDRESS	295 AIRPORT ROAD
CITY ST. ZIP	NAPLES, FL	14 CITY ST. ZIP	NAPLES, FL
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOM, JORIS	22 NAME	
STREET ADDRESS	BUTZENEG 20 CH-6300	23 STREET ADDRESS	
CITY ST. ZIP	ZUG, SWITZERLAND	24 CITY ST. ZIP	
TITLE	VP	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENKEVICH, WILLIAM	32 NAME	BRASETH, ROBERT
STREET ADDRESS	295 AIRPORT RD, NAPLES, FL	33 STREET ADDRESS	8825 E. TAMiami TRAIL
CITY ST. ZIP		34 CITY ST. ZIP	NAPLES, FL
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST. ZIP		44 CITY ST. ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST. ZIP		54 CITY ST. ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST. ZIP		64 CITY ST. ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *William Senkevich* **5/17/95** **813-643-2424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR