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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P93000010171 (5)

SYSTEMS AND TECHNOLOGY UNLIMITED CORPORATION

Principal Place	e of Business	Mailing Address			T (ABISADI (IN IBINA IIII) ABISI NASI ABIII ABIII ABIII ABIII	ABIL DDIDI 11011 FOURL JIDI LUDI
		6107 TARAWOOD DR ORLANDO FL 32818			DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified	
A D :::	16	112000000000000000000000000000000000000			02/10/1993	
2. Principal Place of Business 28. Mailing Address					4. FEI Number	Applied For
26 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3166365	Not Applicable
22		27	27]		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	'	8. This corporation owes or has paid the c	
24	[25] [29] [30]		0	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent				Name	10, Name and Address of New Registered	ı Agent
	OGA, LEON J		81	Harrie		
6107 TARAWOOD DR			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
UF	RLANDO FL 32819		83			
			84	City	FI	L 85 Zip Code
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. Hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE Signature typod or protect many of regulated correct and titled apply, able (NOTE Registered Agent signature regulated when reinstating) DATE						
	Signature typed or printed name of regulation as	rotand-tile d'applicable (NOTE F ND DIRECTORS		ent signature require	*	ID DIDECTODO IN 10
12.	OF OFFICE AS AS	DELETE	13. 1.1 TOLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	NOGA, LEON J		1.2 NAME			
STREET ADDRESS	6107 TARAWOOD DR		1.3 STREET	ADDRESS		
CITY-S1-ZIP	ORLANDO FL		1.4 CITY - S	1		
TITLE	DVST	DELETE	2.1 TITLE	11-211		Change Addition
NAME	NOGA, CAROL A		2.2 NAME			
STREET ADDRESS	6107 TARAWOOD DR		2.3 STREET	ADDRESS		İ
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-5	ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-5	ST - ZIP		
TJTLE		DELETÉ	4.1 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET	- I		į
CITY-ST-ZIP		DELETE	4.4 CiTY - S	I - ZiP		Change Addition
TITLE		F" Deteir	5.1 TITLE			Change Addition
NAME .			5.2 NAME	ADDRESS		
STREET ADDRESS			5.3 STREET	į į		
CITY-ST-ZIP TITLE		DELETE	5.4 City-S 6.1 Title	I - ZIP		Change Addition
NAME		C) been	6 2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
STREET MUDIESS			DSSIMEET	WDDME22		İ

14. Thereby 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 corever or trustee empowerer to execute the report as equired 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: CAROL A. NOGA

Feb 23 1998 8:00am

Secretary of State