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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

				- ∤	
DOCUMENT # P93000024578 (5) z-TECH, INC.					
	· · · · · · · · · · · · · · · · · · ·				
Principal Place	e of Business	Mailing Address		. Identate jid saita lilli dalin adili dilili dalili.	4011 ALABI BINI 1888; 1841 IBOL
1837 KEMPTO	N RD	183			
1746 HOUGHT		1746 HOUGHTON DR		DO NOT WORK IN THE	6 0040E
CHARLESTON	SC 29412	CHARLSTON SC 29412		DO NOT WRITE IN THI	SSPACE
US				3. Date Incorporated or Qualified 04/01/1993	
2. Principal Pl	ACE OF Business THEMPTON RD	2a. Mailing Address 26 837 KE	MPTON RD	4. FEI Number 57-0975902	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	<u> </u>	27			Fee Required
City & State	RUESTON SC	City & State	ON SC	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z0 01/13	Country	8. This corporation owes or has paid the o	current year Intangible
24 244	12 25 USA		o USA	Personal Property Tax due June 30.	Yes 🛂 🔨
	9. Name and Address of Curren	l Registered Agent		10. Name and Address of New Registers	d Agent
VAL	JGHEN, DANIEL R PA		81 Name		
333 E. NEW YORK AVE. SUITE 201			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	AND FL 32721		83		
			84 City		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 region 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	The description of the orange		ou states.		
	Signature, typod or pented name of registered ages		Registered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPS	DELETE	1.1 TATLE		Change Addition
NAME	ORGAN, LESLIE W		1.2 NAME		
STREET ADDRESS	1837 KEMPTON RD		1.3 STREET ADDRESS		
CITY - ST - ZIP	CHARLESTON SC		1.4 CITY - ST - ZiP		
TITLE	DV	☐ DELETÉ	2.1 TITLE		Change Addition
NAME	BRADHAM, GILBERT B		2.2 NAME		}
STREET ADDRESS	8529 HIGHWAY 17 N		2.3 STREET ADDRESS		
CITY-ST-ZIP	MCCLELLANVILLE SC		2. 4 CITY - ST - ZIP		[7] 8([7] (22
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		1
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3 4. CITY - ST - ZIP		Change Addition
TITLE			4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		j
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
1		ے منداد			C Annual C Transmitted
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		j
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
			6.2 NAME		Onlingo rountoff
NAME CYPECT ADDRESS					
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	_		6.4 CITY - ST - ZIP		

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 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.

CIONATURE

Miller Harris

Fex. 28 1998 (803)7624174

FILED

Mar 05 1998 8:00am

Secretary of State