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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P93000054183 (7)

1. Corporation Name
FORM TECH INC.

Principal Place of Business	Mailing Address
8327 BUTTERFIELD LANE BOCA RATON FL 33433 US	8327 BUTTERFIELD LANE BOCA RATON FL 33433-7619 US

3. Date Incorporated or Qualified: 07/30/1993
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business	2a. Mailing Address
21 8800 S.W. 1 Place	26 8800 S.W. 1 Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coral Springs, FL	City & State 28 Coral Springs, FL
Zip / Country 24 33071 / 25 Broward	Zip / Country 29 33071 / 30 Broward

4. FEI Number: 65-0457225 ☐ 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 intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAULES, MYRA 8327 BUTTERFIELD LANE BOCA RATON FL 33433	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE	PST	☒ Change ☐ Addition
NAME	SAULES, MYRA		1.2 NAME	Saules, Myra	
STREET ADDRESS	8327 BUTTERFIELD LANE		1.3 STREET ADDRESS	8800 S.W. 1 Place	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	SAULES, SCOTT		2.2 NAME	Saules, Scott	
STREET ADDRESS	8327 BUTTERFIELD LANE		2.3 STREET ADDRESS	8800 S.W. 1 Place	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: Myra Saules Myra Saules President 4/24/97 (954) 796-2291