

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000023189 (1)

1. Corporation Name

NEW TECHNOLOGY CONSULTING, INC.

Principal Place of Business

7667 N WICKHAM RD
STE 1314
MELBOURNE FL 32940

Mailing Address

7667 N WICKHAM RD
STE 1314
MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3230416

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees 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

2. Principal Place of Business

21 758 LAKE DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 758 LAKE DRIVE

Suite, Apt. #, etc.

22 City & State

23 MELBOURNE FL

24 32940

Country

25 USA

27 City & State

28 MELBOURNE FL

Zip

29 32940

Country

30 USA

9. Name and Address of Current Registered Agent

FRESE, GARY B
930 S HARBOR CITY BLVD
STE 505
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LAWRENCE, BEN
STREET ADDRESS 7667 N WICKHAM RD #1314
CITY - ST - ZIP MELBOURNE FL 32940

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D.P.T.S.
LAWRENCE, BEN
758 LAKE DRIVE
MELBOURNE, FL 32940

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

V
LAWRENCE, MARIN
758 LAKE DRIVE
MELBOURNE, FL 32940

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 110.07(3)(k), 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 upon attachment with an address.

SIGNATURE:

Ben Lawrence
PRESIDENT

BEN LAWRENCE

6/8/95

407.251.8738