FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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1997 SEP 26 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF S
Sandra B. Mortha
Secretary of Sta
DIVISION OF CORPORATIONS

DOCUMENT # P94000035211

1. Corporation Name

KT Technologies + Consulting, Inc.

Principal Place of Business	Mailing Address
7735 W 12 Ct Hialeah, FL 33014	Same

3. Date Incorporated or Qualified: 5/9/1994
3a. Date of Last Report: 6/18/96

2. Principal Place of Business	2a. Mailing Address
21 7735 W 12 Ct	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hialeah FL	28 City & State: Hialeah FL
24 Zip: 33014 25 Country: USA	29 Zip: 33014 30 Country

4. FEI Number: 65-0488276 ☑ 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
Wendy Townsend 7735 W 12 Ct Hialeah, Fl 33014	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] WENDY TOWNSEND VICE President 9/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Matthew F Krosol 7735 W 12 Ct Hia., FL 33014	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition 400002307014--3 -09/29/97--01191--004 ****173.75 ****173.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Wendy Townsend 7735 W 12 Ct Hia., FL 33014	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 9/26/97

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: Matthew F Krosol 9/20/97 471-0842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

To whom it may concern — pg4-3521

We would like to request a waiver for our late fees. We never received any of the notices and only when I was checking our year to date account did I notice that we hadn't paid the registration like the year before. I swear to you that it was never received.

I spoke with a worker of your office & explained our problem & that it now why I am requesting the waiver.

If you have any questions please contact me at (305) 471-1813

Wendy Townsend
9-15-97