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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 21 1998 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000036102 (9)

ACCU-TECH INTERNATIONAL INC.

Principal Place of Business Mailing Address 5165 HAMLET CIRCLE 5165 HAMLET COURT SPRINGHILL FL \$4609 SPRINGHILL FL 34609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/09/1994 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 59-3248930 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name MOCKUS, STANLEY L 5165 HAMLET CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) SPRINGHILL FL 34609 83 City 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 607.0506, Florida Statutes. Signature, typed or printed name of registered agent and trie diapplicable (NOTI: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change TITLE 1.1 TITLE L Addition MOCKUS, STANLEY L. NAME 12 NAME 5165 HAMLET CIRCLE STREET ADDRESS 1.3 STREET ADDRESS SPRINGHILL FL 34609 CITY-ST-ZIP 1.4 CITY - \$1 - 7IP Change DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 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 trusted 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 payar attachment with an address.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE