SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORP	ROFIT PORATION AL REPORT			Sandra Secreta	RTMENT OF STATE B. Mortham ary of State									
1	996	V South	183	DIVISION OF	CORPORATIONS									
DOCUM 1. Corporation	IENT #	P9400	0067	7301 (9)										
KNUDSE	N TECHNIC	CAL SERVICES	S, INC.											
Principal Place of Business			Mailing Address											
1666 S LAKE AVE APT 1 CLEARWATER FL 34616				6 S LAKE AVE APT FARWATER FL 34616										
2. Principal Pla	ce of Business	-	2a. 1	Mailing Address										
21			26											
Suite, Apt. #, etc 22 City & State 23			Suite, Apt. #, etc. 27 City & State 28											
								Zin		Country		7 ₁₀	Country	



						 Date Incorporated or Qualified 09/05/1994 	3a. Date of 1 04/07/1	•
2. Principal Pla	ace of Business	2a. Mailing Add	ress			4. FEI Number		Applied For
1		26				59-3269591		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip	Country 25	Zip 29		Country 30	/	8. This corporation has liability for Florida Statutes	intangible tax ur Yes XX No	
<u> </u>	9. Name and Address of C	Current Registered Agent				10. Name and Address of New Re	gistered Agent	
1/5 H	1005H W101 1			81	Name			
KNUDSEN, KARL J 1666 S LAKE AVE APT 1				82	82 Street Address (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 34616			-					
	J 111111 E 1 1 E 1 1 E 1 1 E 1 E 1 E 1 E			83				
				84	City		FL 85	Zip Code
office or re	o the provisions of Sections 60 egistered agent, or both, in the n familiar with, and accept the	State of Florida, Such char	ioe was au	thouzed by	the corporal	poration submits this statement for the p Lon's board of directors. Thereby accep	urpose of chang the appointmen	ging its registered nt as registered
SIGNATURE	n ramiliar with, and accept the					ured when reinstabling l	DATE	·
12.		RS AND DIRECTORS	: <u>-</u>	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	ECTORS IN 12
ITLE	Đ] []	DELETE	1.1 TITLE			c	Change Addition
	=							
UAMP I				1.2 NAME				
	KNUDSEN, KARL J 1666 S LAKE AVE APT	1			T ADDRESS			
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To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 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 ductor of the corporation or true receiver or trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Biods 12 or Bioch 13 it changed, or than an address

GNATURE:

SIGNATURE AND TYPEO OR PHYSICIAN OFFICER OR DIRECTOR.

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