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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400067301 (9)

FILED Apr 02 1998 8:00am Secretary of State

KNUDS	EN TECHNICAL SERVICES	S, INC.			11111 1888
Principal Place	of Business	Mailing Address		- I KODINDEN IKA IANKI ETANI OERIK ODIK ODIKI ETANI I	HANN SOND TAILL DESON THEN TOOL
1686 S LAKE AVE APT 1 CLEARWATER FL 34616 CLEARWATER FL 34616			, i	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
1 DI	10			09/05/1994	
	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt	# atr	Suite, Apt. #, etc.		59-3269591	Not Applicable \$8.75 Additional
27			5. Certificate of Status Desired	Fee Required	
City & State Cily & State			6. Election Campaign Financing	\$5.00 May Be	
23 28			Trust Fund Contribution	Added to Fees	
Zip 24 337.	5 Country	29 33756 3	Country	8. This corporation owes or has paid the o	urrent year Intangible
24 9 9 7 5	2 0 25 9. Name and Address of Curre		101	Personal Property Tax due June 30. 10. Name and Address of New Registere	
(A)	UDSEN, KARL J	TI TI GIOTO PAGOTI	81 Name	IV. Traine line received at the first	o ragoni
1666 S LAKE AVE APT 1					
CLEARWATER FL 34616			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
VL.	SAMAILITE DIOIG		63		
			64 City	F	85 Zip Code
office or reagent. Let	Sal Son	edden	 the above-named corp thorized by the corporati da Statutes. Registered Agent signature require	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered population as registered
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIBECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	7.0011010/01/11020 10 01110210 71	Change Addition
NAME	KNUDSEN, KARL J		1.2 NAME		
STREET ADDRESS	1666 S LAKE AVE APT 1		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	**.	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		İ
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		- I less ess	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		T occerc	5.4 CITY-ST-ZIP		Dhann Jakin
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 50 on an attachment with an address.

SIGNATURE STANDARD KARL J. KNUDSEN, PROGRAM 3-30-98 582-9303