

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000016578 (3)

1. Corporation Name  
TECHNICALITY INC

Principal Place of Business

Mailing Address

91795 OVERSEAS HWY  
TAVERNIER FL 33070  
US

PO BOX 759  
TAVERNIER FL 33070  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/27/1995	3a. Date of Last Report 04/03/1996
4. FEI Number <del>65-0250216</del> 650732581	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBAUER, JOHN  
90 MARINA AVENUE  
KEY LARGO FL 33037

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

*John Rosenbauer*

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 0  
NAME ROSENBAUER, JOHN  
STREET ADDRESS 90 MARINA AVE  
CITY-ST-ZIP KEY LARGO FL

1.1 TITLE V/T  
1.2 NAME ROSENBAUER, JOHN  
1.3 STREET ADDRESS 90 MARINA AVE.  
1.4 CITY-ST-ZIP KEY LARGO FL.  
☒ Change ☐ Addition

TITLE 0  
NAME ROSENBAUER, HEIDE  
STREET ADDRESS 90 MARINA AVE  
CITY-ST-ZIP KEY LARGO FL

2.1 TITLE D  
2.2 NAME ROSENBAUER, HEIDE  
2.3 STREET ADDRESS 90 MARINA AVE.  
2.4 CITY-ST-ZIP KEY LARGO FL.  
☒ Change ☐ Addition

TITLE BM  
NAME OMULETZ, MIKE  
STREET ADDRESS 170 DOVE CREEK DR  
CITY-ST-ZIP TAVERNIER FL

3.1 TITLE P/S/BM  
3.2 NAME OMULETZ, MIKE  
3.3 STREET ADDRESS 170 DOVE CREEK DR.  
3.4 CITY-ST-ZIP TAVERNIER FL.  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 *MIKE OMULETZ* MIKE OMULETZ 8/10/97 3:55 PM

CR2E034 (4/97)