

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

FILED

**Feb 10 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000017876 (0)
 1. Corporation Name
KLK TECHNOLOGIES, INC.



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|--|---|
| Principal Place of Business 400 E. THIRD ST. CHULUOTA FL 32766 | Mailing Address 400 E. THIRD ST. CHULUOTA FL 32766-8571 |
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| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/03/1995 | 3a. Date of Last Report 03/29/1996 |
| 4. FEI Number 59-3313267 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**WHITE, KENNETH D
 2080 COX RD.
 COCOA FL 32926**

10. Name and Address of New Registered Agent
 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: *Kenneth D White* **Kenneth D. White SEC** **1/28/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | STONECYPHER, LINDA M |
| STREET ADDRESS | 147 WOODSMILL BLVD. |
| CITY-ST-ZIP | COCOA FL 32926 |
| TITLE | VP <input type="checkbox"/> DELETE |
| NAME | HODGE, KENNETH |
| STREET ADDRESS | 1025 ANTELOPETR |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | WHITE, KENNETH D |
| STREET ADDRESS | 2080 COX RD |
| CITY-ST-ZIP | COCOA FL 32926 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | P WHITE, LINDA |
| 1.3 STREET ADDRESS | 147 Woodsmill Blvd |
| 1.4 CITY-ST-ZIP | COCOA, FL. 32926 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: *Kenneth D White* **Kenneth D. White** **1/28/97** **407-631-6785**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)