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PROFIT CORPORATION ANNUAL REPORT

1997



DOCUMENT # **P95000038523 (3)** 

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 13 1997 8:00am Secretary of State

### THOMAS, MARK, M, ### 12 NAME   12 NAME   13 STREET ADDRESS   3 3 8 Quen Palm Dr.	1. Corporation Name OBJETECH, INC.  Frincipal Place of Business Mailing Address 822 12TH AVE. P O BOX 581 NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 321700581							
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Sale Apt # etc   25Ulo Apt. #, etc   25Ulo Apt			<b>⊢</b> ¬		1		<del></del>	·
City & State    City & State					59-3314169			
City & State    Country   2p	1	# O(C)	<u> </u>		5, Certificate of Status Desired	☐ <b>2</b> (	Fee Re	Additional culred
Country   Zip   Country   Zip   Country   Zip   Country   S. This corporation has liability for inarpile tag under s. 199.032.	A				Flection Campaign Financing			
Source   S	Edge	ewater FL	28					
1. Name and Address of Current Registered Agent  THOMAS, MARK M b22 12TH AVE. NEW SMYRNA BEACH FL 32169  82 Street Address (F.O. Box Number is Not Acceptable)  83 Street Address (F.O. Box Number is Not Acceptable)  84 City			Zip	Country	8. This corporation has liability for i	intangibie tay L	ınder ş.	199.032,
THOMAS, MARK M 822 12TH AVE.  NEW SMYRNA BEACH FL 32169  83  84 City	321	- [25]		30	Florida Statutes	Yes 🗹 No	)	
Second Secretary   Second Secretary   Second Secretary   Second			nt Registered Agent		10. Name and Address of New Re	gistered Agen	nt	
NEW SAYRNA BEACH FL 32169  B3  GRAPH TIME  THOMAS, MARK, M,  DEFETE  T				Mame Name	•			
1. Parsuser to 1/c provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above-named cofficerior or registered agent, or both, in the State of Florida Such change was authorized by the corporation's above different for the purpose of changing its registerer 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, or both, in the State of Florida Statutes.  IGNATURE    Authorized to the purpose of changing its registerer of agent of purpose				82 Street Ad	dress (P.O. Box Number is Not Acceptat	ole)		
1. Parament to the provisions of Sectors 607 0502 and 607 1506. Florida Statutes, the above-named conformation should be provided by the corporations board at the provisions of changing its registered agginst or both, in the State of Florida Statutes, the above-named conformation should be provided by the corporations board at directors. Therefore the appointment as registered aggins of the state of the provision of the provisi	NEW	SMYHNA BEACH FL 32169		83 503	b gueen taim Dr.	······		
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 and accept the obligations of, Section 607 0505, Florida Statutes.  IGNATURE   State of refer to severe to frequency appeal and title agriculation   (Mote: Registered Agent agriculation				1	·			
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 and accept the obligations of, Section 607 0505, Florida Statutes.  IGNATURE   State of refer to severe to frequency appeal and title agriculation   (Mote: Registered Agent agriculation				84 City	lan satur	EI 85	Zip C	Code
Change   Addition   Change   Change   Change	Pursuant :	to the provisions of Sections 607.050	02 and 607.1508. Florida State	ites, the above-named co	poration submits this statement for the c	ourpose of char	naina its	s registered
IGNATURE   System of a source of the post of appear without a appearation of a post of appearation of appeara	office or r	egistered agent, or both, in the State	e of Florida, Such change was	authorized by the corpor	ation's board of directors. I hereby accept	ot the appointm	nent as i	registered
State   Stat			* * * * * * * * * * * * * * * * * * *	M Ti	79. 11 A	1/12/47		
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THOMAS, MARK, M,		Shy afters typed or productionaine of registered ag			quired when reinstating)	DATE		
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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 chapted, or on an attachment with an address.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/30/97 904/424-050

PARTA A