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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000038523 (3)

OBJETECH, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
S036 QUEEN PALM DR EDGEWATER FL 32141 US		P O BOX 581 New Smyrna Beac US	NEW SMYRNA BEACH FL 32170-0581		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					05/16/1995		
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
Sulte, Apt. #, etc.		26	.		59-3314169	Not Applicable	
22		Suite, Apt. #, etc	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 7(p		Cou	ntry	8. This corporation owes or has paid the	current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes X No	
Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
THOMAS, MARK M				B1 Name			
	8 QUEEN PALM DR GEWATER FL 32141			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	ACTIVILITY E DE 141			83		-	
				84 City		. 85 Zip Code	
		·			-	L []	
office or re	to the provisions of Sections 607.6 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change s	was authorize:	f by the coroora	poration submits this statement for the purpos ition's board of directors. I hereby accept the	e of changing its registered appointment as registered	
SIGNATURE .			mot Been	Agent signature requ	ured when reinstating) DAT	Г	
Signature, typed or printed name of registered agent and little if applicable (NOTE 12. OFFICERS AND DIRECTORS			13.	i Agent signatore requ	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	DELETE		LE LE	ABOUTO TO THE TOTAL TO STATE OF THE STATE OF	Change Addition	
NAME	THOMAS, MARK, M,		1.2 N/	ME			
STREET ADDRESS			1.3 \$1	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE	☐ DELETE					☐ Change ☐ Addition	
NAME			2.2 N/				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE		DELETE		TY-ST-ZIP		Change Addition	
NAME		المادين المادين	3.1 H			ment according proof constitution	
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DELETE				Change Addition	
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP		T or cre		TY-S1-ZIP		The state of the s	
TITLE		☐ DELETE		i i		☐ Change ☐ Addition	
NAME			5.2 N	i			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	1	DELETE		FY-ST-ZIP		Change Addition	
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STREET ADDRESS				REET ADDRESS			
1 1				TY-ST-ZIP			
CITY-ST-ZIP	·		0.4 (1	11 91-511			

14. Thereby 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.