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

FILED Jan 16 1998 8:00am Secretary of State

DOCUI 1. Corporatio PANTE	MENT # P9500(CHNOLOGY, INC.	0045880 (8)			
Principal Plac	e of Business	Mailing Address			BAN BUNDU KRUBH NGHUN COUN HEBU
909 IVANHOE CIR		909 IVANHOE CIR			
WIMAUMA FL	. 33598	WIMAUMA FL 33598			00.00
				DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE
				06/08/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3324342	Not Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	[28] 7ip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the corporation of the personal Property Tax due June 30. 	Yes No
<u></u> 1	9, Name and Address of Current		1901	10. Name and Address of New Registered	
КО	PPEHELE, H. PAUL	* - '	B1 Name		
909 IVANHOE CIR			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
WIMAUMA FL 33598			0.000111		
			83		
			84 City		85 Zip Code
11. Pursuant t				<u> </u>	<u>-</u> 1
SIGNATURE	elpolituris, tyled or printed name (Fig. steed age)	at and trile Majoricatile (NO	Hogistered Agent signature re		18/06
TITLE	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
NAME	KOPPEHELE, H. PAUL	בן אנונונ	1.7 TITLE		El cuarde El vocuron
STREET ADDRESS	909 IVANHOE CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA FL 33598		1.4 GITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KOPPEHELE, ANNE F		2 2 NAME		ĺ
STREET ADDRESS	909 IVANHOE CIR		23 STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA FL 33598		2 4 CHY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		[m] DELL'IL	4.2 NAME		The principle The Modellon
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	- <u></u>		5.4 CITY - ST - 7/P		
1/ILE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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.

CICNIATURE.

Manager of the available of the state of the

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