

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90076 046 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000060267

1. Corporation Name
TECHNORAD, INC.



Principal Place of Business
**700 LEELEND HEIGHTS BOULEVARD
 LEHIGH ACRES FL 33936**

Mailing Address
**POST OFFICE BOX 1465
 LEHIGH ACRES FL 33970-1465**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/04/1995

4. FEI Number
65-0606597

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 100 W LEELEND HEIGHTS BLDG.

Suite, Apt. #, etc.
22

City & State
23 LEHIGH ACRES, FL

Zip
24 33936 Country
25 USA

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29 Country
30

9. Name and Address of Current Registered Agent

**BAUR, THOMAS
 C/O BAUR, MILLER, & WEBNER, PA
 100 N. BISCAYNE BLVD., #2100
 MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name
MEISINGER, ANDREAS

82 Street Address (P.O. Box Number is Not Acceptable)
409 ROOSEVELT AVE.

83

84 City
LEHIGH ACRES FL 85 Zip Code
33972

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

[Signature] **ANDREAS REINOLTER** 03/01/99

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	PD	<input type="checkbox"/> DELETE
NAME	NEUMAIER, ULRICH	
STREET ADDRESS	700 LEELEND HEIGHTS BOULEVARD	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	STEGHERR-NEUMAIER, GABRIELE	
STREET ADDRESS	709 BENTLY STREET	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEUMAIER, ULRICH	
1.3 STREET ADDRESS	700 W LEELEND HEIGHTS BLDG.	
1.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33970	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEGHERR-NEUMAIER, GABRIELE	
2.3 STREET ADDRESS	709 BENTLY STREET WEST	
2.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* **ULRICH NEUMAIER** PD 03/01/99 (941) 336 9931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)