

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Montem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066751 (5)

1. Corporation Name

RTE TECHNOLOGIES, INC.



Principal Place of Business

11790 ROYAL TEE COURT
CAPE CORAL FL 33991

Mailing Address

POST OFFICE BOX 344
PINELAND FL 33945-0344

3. Date Incorporated or Qualified 08/29/1995	3a. Date of Last Report
4. FEI Number 65-0603856	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	

2. Principal Place of Business

2a. Mailing Address

21 **11790 Royal Tee Ct.**

26

22

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23 **CAPE CORAL, FL.**

28

24 **33991**

25 **U.S.A.**

29

30

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 607.0102 and 607.1505, 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 607.0405, Florida Statutes.

SIGNATURE

Signature of the person making the change (if not the corporation)

Signature of the Agent (if not the person making the change)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1. TITLE	PSTD RAYMOND, BRENT W		1. TITLE	PSTD JEAN RAYMOND	
2. NAME	11790 ROYAL TEE COURT		2. NAME	11790 ROYAL TEE CT.	
3. STREET ADDRESS	CAPE CORAL FL 33991		3. STREET ADDRESS	CAPE CORAL, FL. 33991	
4. CITY, ST, ZIP			4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME			6. NAME		
7. STREET ADDRESS			7. STREET ADDRESS		
8. CITY, ST, ZIP			8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE	9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME			10. NAME		
11. STREET ADDRESS			11. STREET ADDRESS		
12. CITY, ST, ZIP			12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE	13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME			14. NAME		
15. STREET ADDRESS			15. STREET ADDRESS		
16. CITY, ST, ZIP			16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> DELETE	17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME			18. NAME		
19. STREET ADDRESS			19. STREET ADDRESS		
20. CITY, ST, ZIP			20. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Jean Raymond* JEAN RAYMOND 2/23/96 (941) 283-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Display Phone

CR2E034 (12/95)