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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000086304 (9)

BEMTECH INC.

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4026	e w	MILLIN	c	וחמר	c

2. Principal Place of Business

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Suite, Apt. #, etc.

SIGNATURE:

City & State

PALM CITY FL 34990

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Mailing Address

4976 S.W. BIMINI CORCLE PALM CITY FL 34990

2a. Mailing Address

Cily & State

Žip

Sichle S. Redto IIII

Suite, Apt. #, etc.

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## FILED Mar 28 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

0527221

Not Applicable

04/26/1996

Yes No

8. This corporation has liability for intangible tax under s. 199.032,

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

11/09/1995

65-0630938

Florida Statutes

4. FEI Number

	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent						
FIRLE	EY, CARL F	81	Na	me					
4976	SW BIMINI CIRCLE S	82	Str	eet Address (P.O. Box Number is Not Acceptable)					
PALM	I CITY FL 34990			to realized ( .c. box remote to real readplace)					
		83							
		84	Cit	y <b>85</b> Zip Code					
		64		FL   S   Zip Code					
11. Pursuant	to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, th	e abov	e-nar	med 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
	Signature, typical or printed hance of registered agent and title if applicable (NOTE: Regis	stered Ap	erl sig	nature required when reinstating) DATE					
12.		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TiTLE	•	1.1 TITLE		Change L Addition					
NAME		1.2 NAME		}					
STREET ADDRESS		1.3 STREET	ADDH	ESS					
City St-7IP		1.4 CITY - S	ST-ZIP						
TILE		2.1 TITLE		Change Addition					
NAME		2 S NAME							
STREET ADDRESS		2.3 STREET	T ADDR	ESS					
CiTy - S1 - ZIP		2. 4 CITY-	ST-ZIF						
THE	, — — — — — — — — — — — — — — — — — — —	3.1 TITLE		Change Addition					
NAME		3 2 NAME							
STREET ADDRESS		3.3 STREET	i adda	ESS					
CITY -SE-710		3.4 CITY-	ST-ZIF						
10.6	<del>-</del>	4.1 TITLE		Change Addition					
NAME:		4. 2 NAME							
STREET ADDRESS		4.3 STREET	T ADOR	ESS					
City St zip		4 4 C(TY-5	ST-ZIP						
1:115	☐ DELETE	5.1 TITLE		Change Addition					
NAMI	<b>{</b> :	5.2 NAME							
STREET ADDRESS	ļ:	53 STREE	T ADDR	ESS					
CrTY - S1 - 74P	and the same of th	5.4 CITY -	ST-ZIP	***************************************					
TETLE	☐ DELETE	6 1 TITLE		Change Addition					
NAME	<u>l</u>	6.2 NAME							
STREET AUDRESS	Į (	6.3 STREE	T ADDR	ESS					
CITY-ST-70		6.4 CITY-S							
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									
Larn 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 chariged, or on an attachment with an address.									

Country

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