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FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000050322 (2)

1. Corporation Name  
LOTEK INC.



Principal Place of Business

P.O. BOX 222  
GOODLAND FL 33833

Mailing Address

P.O. BOX 222  
GOODLAND FL 33833

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 761 E. Elkcam Circle  
Suite, Apt. #, etc.

22 City & State  
23 Marco, Florida

24 Zip 34145 Country Collier

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34140 Country

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0676675

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

O'NEILL, KEVIN  
1715 W CLEVELAND ST  
TA PA FL 33606

10. Name and Address of New Registered Agent

81 Name

TARA O'NEILL

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

761 E. ELKCAM CIRCLE

83

84 City

MARCO

FL

85 Zip Code

34145

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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: Tara O'Neill (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)  
DATE: 4/10/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DPS  
STREET ADDRESS O'NEILL, TARA  
CITY-ST-ZIP P.O. BOX 222  
GOODLAND FL

TITLE ☐ DELETE  
NAME DTVP  
STREET ADDRESS GROSS, JULIET  
CITY-ST-ZIP P.O. BOX 222  
GOODLAND FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: Tara O'Neill (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)  
DATE: 4/10/98

CR2E034 (10/97)