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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000059251 (3)

TECHV	NORKS SOFTWARE, INC							
Principal Plai	ce of Business	Mailing Address	,			T PRODUNDS ON PORTU PONTO BORAL DOSAL DATES ON REL	180 UUUU 1809	
3305 KILMER DR 3305 KILMER DR PLANT CITY FL 33567 PLANT CITY FL 33567			67			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified	, 0 102	
						07/07/1997		
Principal Place of Business 2a. Mailing Address			,			4. FEI Number		Applied For
Suite, Apt. #, etc. 26						59-3456096		Not Applicab
Suite, Apt	. #, etc.	Suite, Apt. #, etc				6. Certificate of Status Desired	+	5 Additional Required
City & Sta	ite	City & State			···.	6. Election Campaign Financing		00 May Be
3		28				Trust Fund Contribution		led to Fees
Zip	Country	Žφ	Cour	ntry	,	B. This corporation owes or has paid the c		
4	9. Name and Address of Curr	ent Registered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes Agent	□ No
CC	DROELL, RICHARD R			81	Name	IV. Italia and Addiese of Itali fieglister	Agont	
3305 KILMER DR PLANT CITY FL 33567						ess (P.O. Box Number is Not Acceptable)		
				62 500		ess (F.O. Box Number is Not Acceptable)		
			•	83				
			1	64	City	FI	85 2	Zip Code
agent I a SIGNATURE	am familiar with, and accept the obli-					ion's board of directors. I hereby accept the ap		
12.		IND DIRECTORS	13.		ar algranoro roquii	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	ORS IN 12
ITLE	D	DELETE		1.1 TITLE			☐ Chan	
IAME	CORDELL, RICHARD R		1.2 NAN	Æ				
TREET ADDRESS	3305 KILMER DR		1.3 \$TR	EET	ADDRESS			
CITY-ST-ZIP	PLANT CITY FL 33567	DELETE	1.4 CIT		T - ZIP			
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TREET ADORESS	3305 KILMER DR		2.2 NAM		ADDRESS			
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CITY-ST-ZIP 6.171-51-287

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 changes, on an attrictment with an address.

6.2 NAME

63 STREET ADDRESS

DELETE

Change

Addition

FILED

Apr 27 1998 8:00am

Secretary of State