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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000083924 (5)

FLORIDA TECHNICAL ENTERPRISES, INCORPORATED

Principal Place of Business

Mailing Address

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90012 015 ***150.00



| ORLANDO FL 32819 | | 1 | 5613 BAYBROOK AVENUE ORLANDO FL 32819 | | | DO NOT WOU | FE 11.1 T. 110 | ••• | | |
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| | | | | | | | 3. Date Incorporated or Qualified | | | |
| | Place of Busines | SS | 28. | Mailing Address | | | 09/26/1997 4. FEI Number | | | |
| 21 | | | 26 | • | | | | | | Applied For |
| Suite, Apt. | #, etc. | · | 1=01 | Suite, Apt. #, etc. | | | <u>59-3472724</u> | 1- | | Not Applicable |
| 22 | | | 27 | | | | 5. Certificate of Status Desired | | - | Additional |
| City & Stat | 10 | | - +=-1 | City & State | | | | | Fee | Required |
| 23 | | | 28 | | | | 6. Election Campaign Financing | _ | \$5.0 | May Be |
| Zip | T | Country | | Zip | Cou | Olov | Trust Fund Contribution | | | d to Fees |
| 24 | 25 | | 29 | | 30 | ·····y | 8. This corporation owes or has p | aid the cur | ent year | |
| | 9. Name ar | d Address of Cui | rrent Regis | tered Agent | 30/ | | Personal Property Tax due Jun | e 30. L | Yes | □ No |
| SE | DLAK, MICH | | | | | 81 Name | 10. Name and Address of New R | egistered / | Agent | |
| | 13 BAYBROO | | | | | (44:11 | 8 | | | |
| OF | RLANDO FL 3 | 2810 | | | · | 82 Stree | t Address (P.O. Box Number is Not Accepta | ıble) | | |
| J. | | 2019 | | | | | | , | | |
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| | | | | | | 84 City | | | Table | |
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| office or r | egistered agen | t, or both, in the St | 0502 and 60 ale of Florid | 07.1508, Florida Sta | lutes, the at | ove-name | d corporation submits this statement for the | purpose of | changing | Its registered |
| agent, i a | m familiar with, | and accept the ob | oligations of | Section 607.0505, | Fiorida Stati | i by ine co ites. | d corporation submits this statement for the rporation's board of directors. I hereby acce | of the appo | ontment a | s registered |
| | | | | | | | | | | |
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| | | rinted name of regratered | agent and title i | epplicable. (F | OTE. Registered | Agent signatur | e required when reinstating) | DATE | | |
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officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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. MA Sellalo ELLEN M. SEDLAK

JAN 8, 1998