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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700085400 (4)

FILED Apr 14 1998 8:00am Secretary of State

L' WYNTIL!	RS TECHNOLOGIES, INC.	`	,		
Principal Place	of Business	Mailing Address			
3901 MAY LANE MALABAR FL 32950		3901 MAY LANE MALABAR FL 32950			DO NOT WRITE IN THIS SPACE
i					3. Date Incorporated or Qualified
	*				10/02/1997
2. Principal Pla	ice of Business	2a, Mailing Address			4. FEI Number Applied For
21	OF OF	26			59-347:5020 Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Registered Agent
LAM	(Mers, Jeffrey J			91 Name	
	1 MAY LANE		8	82 Street A	ddress (P.O. Box Number is Not Acceptable)
MAL	ABAR FL 32950				
			8	83	
			-	B4 City	85 Zip Code
				0,	FL 63 Zp cooe
agent, I am SIGNATURE	ifamiliar with, and accept the obligation types or protest age	ations of, Section 607. 0 5 0 5, F	lorida Statu	tes	oration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D				
		☐ ĐELETE	1.1 1011	£	Change Addition
NAME	LAMMERS, JEFFREY J	∐ ĐELETE	1.1 1(1) : 1.2 NAV	1	
NAME STREET ADDRESS	3901 MAY LANE	☐ DELETE	1.2 NAW	1	
STREET ADDRESS CITY-ST-ZIP			1.2 NAV 1.3 STRI 1.4 C/TY	AE EET ADDRESS (-ST-ZIP	Change Addition
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14. Thereby 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 informatio 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 chapter 607, or on an attrictiment with an address.

Who () King

1/8/9 8 (407)674-929