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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 20 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000096257 (5)

VIRTU- TECH INDUSTRIES, INC.

Principal Place of Business Mailing Address **ROUTE 3 BOX 1020 ROUTE 3 BOX 1020** SATSUMA FL 32189 SATSUMA FL 32189 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/12/1997 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 59-3478232 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζŧρ Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **AMERILAWYER** 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** City Zip Code 85 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 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. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. Signature, typed or printed hame of registered agent and title if applicable Registered Agent signature requ o when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETÉ Addition 1.1 TITLE TITLE CHRUSCINSKI, JOSEPH E 1.2 NAME NAME **ROUTE 3 BOX 1020** STREET ADDRESS 1.3 STREET ADDRESS SATSUMA FL 32189 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition NAME CHRUSCINSKI, EMMA C 2.2 NAME ROUTE 3 BOX 1020 STREET ADDRESS 2.3 STREET ADDRESS SATSUMA FL 32189 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELFTE \_\_\_ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIF

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: For the Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

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 information