

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

FILED

Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000102163 (7)

1. Corporation Name
BUDEL TECHNOLOGIES, INC.



Principal Place of Business 730 W COLONIAL DRIVE ORLANDO FL 32804	Mailing Address 730 W COLONIAL DRIVE ORLANDO FL 32804
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1997

2. Principal Place of Business 21 8007 CANYON LAKE CIR. Suite, Apt. #, etc. 22 City & State 23 Orlando FL. Zip 24 32835	2a. Mailing Address 26 8007 CANYON LAKE CIR. Suite, Apt. #, etc. 27 City & State 28 Orlando, FL. Zip 29 32835	Country 25 Orange 30 ORANGE
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4. FEI Number
59-3479930

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required


6. Election Campaign Financing
Trust Fund Contribution ☐ \$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
BUDEL, FRANZ
730 W COLONIAL DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent
81 Name Budel
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE:  DATE: 4/30/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSID	<input type="checkbox"/> DELETE
NAME	BUDEL, FRANZ	
STREET ADDRESS	730 W COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002558750
6.3 STREET ADDRESS	-06/12/98--01087--036
6.4 CITY-ST-ZIP	***150.00

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 in an attachment with an address.

SIGNATURE:  DATE: 4/30/98

CR2E034 (10/97)