

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90103 024 \*\*\*150.00

DOCUMENT # P98000050807

1. Corporation Name  
TECHNOWORLD, INC.

Principal Place of Business  
1514 S.E. PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE FL 34952

Mailing Address  
1514 S.E. PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1998

4. FEI Number

65-0858936

Applied For

Not Applicable

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 the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 574 S.E. PORT ST. LUCIE BLVD

2a. Mailing Address

26 574 S.E. PORT ST. LUCIE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PORT ST. LUCIE, FL

City & State

28 PORT ST. LUCIE, FL

Zip Country

24 34984 25

Zip Country

29 34984 30

9. Name and Address of Current Registered Agent

FARLEY, THOMAS K  
1514 S.E. PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name HARRIS, OLIVER W.  
82 Street Address (P.O. Box Number is Not Acceptable)  
10 CENTRAL PARKWAY, #240  
83  
84 City STUART FL 85 Zip Code 34994

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 x *[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BENEDIKTER, WALTER	
STREET ADDRESS	1514 S.E. PORT ST. LUCIE BOULEVARD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	OLIVER W. HARRIS	
STREET ADDRESS	10 CENTRAL PARKWAY, #240	
CITY-ST-ZIP	STUART, FL. 34994	
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	DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENEDIKTER, WALTER	
1.3 STREET ADDRESS	574 PORT ST. LUCIE BLVD.	
1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)