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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

HAMILTON, DAVID

604 E CITRUS STREET

ALTAMONTE SPRGS FL

	MENT # S1672 ND TECHNOLOGY, INCOF					
Principal Place of Business		Mailing Address				ALAM BIRIL OIDH AIRH BIRH 1981
600 N HWY 17-822		600 N HWY 17-92				
STE 120		STE 120				
LONGWOOD FL \$2750		LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified	
9 Delasipol P	too of Rusiness	2a. Mailing Address			11/30/1990 4. FEI Number	Application for
2. Principal Place of Business					Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3037512	\$8.75 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	Added to Fees
Zip	Country	Zip	Countr	/	8. This corporation owes or has paid the	current vear Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	red Agent
STI	E ENB ERGH, ROBERT M		81	Name		
600 N HWY 17-92				Street A	ddress (P.O. Box Number is Not Acceptable)	
STI	E 1 2 2					
LO	NGWOOD FL 32750		83			
			84	City		85 Zip Code
						F L
agent, I a	to the provisions of Sections 607 05 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607.1508, Florida Statut ite of Florida. Such change was igations of, Section 607.05 05 , Fl	tes, the abov authorized b lorida Statute	e-named o y the corpo s.	corporation submits this statement for the purpor oration's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Signature typed or printed rian e of registered a	accept and title it applicable (NOI)	It Registered An	ent signature r	required when reinstating) DA	TF
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1,1 TITLE		CFOD	Change 🕍 Addition
NAME	BOOMER, GEORGE	• •	1.2 NAME		Boadan Jr. Leonard P.	
STREET ADDRESS			1.3 STREE	ADDRESS	1520 Cherry Ridge Dr	
CITY-ST-ZIP	SANFORD FL 1.		1.4 CITY-	ST - ZIP	Bogdan, Jr., Leonard P. 1520 Cherry Ridge Dr Heathrow, FL 32746	_
TITLE	DSVP	DELETE	2.1 TITLE		PD	Change Addition
NAME	STEENBERGH, ROBERT M		2.2 NAME		Steen bengh, Robert H.	
STREET ADDRESS			2.3 STREE	ADDRESS	430 Olulu Rd.	
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-	ST-ZIP	Winter Park FL 32"	789
TITLE	SDVP	☐ DELETE	3.1 TITLE		VPD	Change Addition
NAME			3.2 NAME		Bartele David R.	·
STREET ADDRESS			3.3 STREE	ADDRESS	1052 Creeks Rend Dr.	
CITY-ST-ZIP			3.4. CITY-	ST - ZIP	Bartels, Pavid R. Dr. 1052 Creeks Bend Dr. Casselberry, FL 327	סק
TITLE	VD	DELETE	4.1 TITLE			Change Addition
NAME	ZERRIP, JAMES D		4. 2 NAME			
STREET ADDRESS	2914 ROLLING BROOK DR		4.3 STREE	ADDRESS		
CITY_01_7ID	ORLANDO FL		A A CITY.	27 . 7tD		

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information sumpliced indicated on this annual report or sumplicated officer or director of the corporation or the re-Block 12 or Block 13 if changed, or on an all of the results of the r with this fung does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information tal 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 televice or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

DELETE

DELETE

Change

Change

Addition

Addition

FILED

May 01 1998 8:00am

Secretary of State