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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

IENNEL	L TECHNOLOGIES, IN	10.				-   	1188 <b>1</b> 881 11		
Detector   Disco	1 D	4.25- 6.1							
Principal Place of Business  1509 NEWBERGER RD. LUTZ FL 33549 US		Mailing Address 1509 NEWBERGER ROA LUTZ FL 33549-4031	1509 NEWBERGER ROAD						
,					_	3. Date Incorporated or Qualified 05/14/1991	1	e of Last F <b>8/1996</b>	Roport
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ar	pplied For
21	<u> </u>	26				65-0264012 Not Applicable			
Sulte, Apt.	#, etc.	<b>├</b> ─¬	Suite, Apt. #, etc.			5. Certificate of Status Desired		,	Additional
22 City & State		27 City & State	City & State						equired
23 Cily & State	<del>u</del>	<b>├</b> ┐ '	<u></u>			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country		28   	Zip Country				_=		
24	25	29 30		, , , , , , , , , , , , , , , , , , , ,			orporation has liability for intangible tax under s. 199.032, a Statutes		
<del></del>		Current Registered Agent				10. Name and Address of New Re			
TED	RELL, DAVID L			81	Name				
	9 NEWBERGER RD			82	Ct t A del	Iron (D.O. Da. N bar is Not Asses	1-1		
	Z FL 33549			62	Street Add	lress (P.O. Box Number is Not Acceptab	ie)		
201	216 00010			83					
					0.4			1221 37	<del></del>
				84	City		FL	<b>85</b> Zip	Code
11. Pursuant t	to the provisions of Sections (	607.0502 and 607.1508, Florida Stat	tutes, the at	ove	-named corr	poration submits this statement for the p	urpose of	hanging i	ts registered
office or re agent. I a	egistered agent, or both, in th m familiar with, and accopt th	he State of Florida. Such change wa he obligations of, Section 607.0505,	s authorizeo Florida Stati	i by ules.	the corpora	tion's board of directors. I hereby accep	it the appo	intment as	registered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	•							ļ
	Signature, typed or printed name of regi-	istered agent and trie if applicable (N	OTE Hegistered	Ágen	il signature requ	red when relistating)	DATE		
12.		ERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PT	☐ DELETE	1.1 10				l	Change	Addition
NAME	TERRELL, DAVID L		1.2 N						
STREET ADDRESS	1509 NEWBERGER RD		4		ADDRESS				l
-Offy-ST-ZIP	LUTZ FL	DELETE	1.4 00		- ZIP			<u> </u>	
TITLE /	VS			TITLE			Ĺ	Change	Addition
NAME	TERRELL, LINDA S			2.2 NAME					
STREET ADDRESS	1509 NEWBERGER RD				ADDRESS				
CITY-ST-ZIP TITLE	LUTZ FL	DELETE		2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
		<del></del>			-		L		ריי איניוווטון
NAME Street address			3 2 NAME 3 3 STREET ADDRESS		ADDOCCO			,	
			3 4. CI						
CITY-ST-ZIP TITLE		DELETE	4.1 Til		1. 11			Change	Addition
NAME			4. 2 N				•	-1 0.0.00	المستعدد في
STREET ADDRESS	I		1	4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CI						
TITLE		DELF1E	5.1 T/I		-"-			Change	Addition
NAME			5.2 NA	ME	-			-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CF						
TITLE		DELETE	61 TH					Change	Addition
NAME			6 2 NA	ME					
STREET ADDRESS			6.3 ST	REET A	ADDRESS				l.
					- 1				

14. I do 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.

**FILED** 

Apr 30 1997 8:00am

Secretary of State