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FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S87067 (2)
1. Corporation Name
EXERTECH, INC.

Principal Place of Business Mailing Address
99 EGLIN PKWY 99 EGLIN PKWY
UNIT 6A, FORT WALTON SO. UNIT 6A, FORT WALTON SO.
FORT WALTON BCH FL 32548 FORT WALTON BCH FL 32548

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
10/14/1991 05/01/1996
4. FEI Number Applied For
59-3090025 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HOUSEFIELD, ELAINE 81 Name
417 SHERRY CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable)
FORT WALTON BEACH FL 32548 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D HOUSEFIELD, JAYMEE 1.1 TITLE Change Addition
NAME HOUSEFIELD, JAYMEE 1.2 NAME
STREET ADDRESS 417 SHERRY CIRCLE 1.3 STREET ADDRESS
CITY-ST-ZIP FT. WALTON BEACH FL 1.4 CITY-ST-ZIP
TITLE D HOUSEFIELD, SHEVEWAN E. 2.1 TITLE Change Addition
NAME HOUSEFIELD, SHEVEWAN E. 2.2 NAME
STREET ADDRESS 417 SHERRY CIRCLE 2.3 STREET ADDRESS
CITY-ST-ZIP FT. WALTON BEACH FL 2.4 CITY-ST-ZIP
TITLE DELETED 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4 CITY-ST-ZIP
TITLE DELETED 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETED 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETED 6.1 TITLE Change Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

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.

SIGNATURE 11-20-97 04/11/1997

CR2E034 (9/96)