## 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

1. Corporation  KDL TE	CHNOLOGIES, INC.	Mailing Address P.O. BOX 1375					
ALACHUA FL	32615	ALACHUA FL 32618-1375					
					<ol> <li>Date Incorporated or Qualified 10/29/1991</li> </ol>	3a. Date of Last Report 08/13/1996	
2. Princ-pal P	lace of Business	2a. Mailing Address			10/28/1881 4. FEI Number	Applied For	
21		26			59-3110268	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23	28		Country		Trust Fund Contribution	Added to Fees	
Zip 24	Country Zip Cc		Country		This corporation has fiability for Florida Statutes	intangible tax under s. 199.032,  Yes No	
<del>44</del> ]	9. Name and Address of Currer		301		10. Name and Address of New Ro		
LYO	NS, KEVIN D.		81	Name			
6201 N.W. 123RD PLACE			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
GAI	NESVILLE FL 32601		63				
			84	City		FL 85 Zip Code	
office or r agent. La SIGNATURE	to the provisions of Sections 607 Set registered agent, or both, in the State in familiar with, and accept the oblig Stgester, typed or protections of registered age	ations of Section 607.0505, Flor	rida Statutes	S.	poration submits this statement for the tion's board of directors. If hereby accelered when reinstating)	porpose of changing its registered pt the appointment as registered	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI		
1 ILF	D D	☐ DELETE	1.1 TITLE			Change Addition	
NAME STREET ADORESS	LYONS, KEVIN D. 6201 NW 123RD PLACE		1.2 NAME 1.3 STREET ADDRESS				
CITY: \$1: ZIP	ALACHUA FL		1.4 CITY-S	1			
THE			2.1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
C-TY - ST - ZIP TITLE		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE			Change Addition	
NAVE		Breed on the same of	3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CHY-ST-ZIP			3.4. CITY - 5	ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE		L_ DELETE	41 TIYLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY - ST - ZiP		4.4 CITY - ST - ZIP  DELETE 5.1 TITLE			Change Addition		
NAME		5.2 NAM					
STREET ADDRESS			5.3 STREET	ADDRESS			
CH7+S!-7IP			5 4 CITY-ST-ZIP				
T["[ {		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME		`		
STREET ADDRESS			6.3 STREET				
CITY - ST - ZIP	by cortify that the inferentian execution	d with this filing does not avail.	6.4 CITY-S		d in Section 119.07(3)(i), Florida Statute	es I further certify that the	
informatio Lam an o	by certify that the information supplied in indicated on this annual report or s thicer or director of the corporation of the Block 12 or Block 13 if changed, <b>q</b>	supplemental annual report is tru vina receiver or trustee empowe	ue and accu ered to exec	rate and tha cute this repo	of it section 19.07(3)), Florida Statuti it my signature shall have the same leg rt as required by Chapter 607, Florida	as. I fortile to the process all effect as if made under oath; that Statutes; and that my name	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED

May 06 1997 8:00am

Secretary of State