

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **V10974 (6)**

1. Corporation Name  
**ACHABAL TECHNOLOGIES, INC.**



Principal Place of Business  
**4543 SADDLEWORTH CIRCLE  
SUITE 202  
ORLANDO FL 32826  
US**

Mailing Address  
**4543 SADDLEWORTH CR.  
SUITE 202  
ORLANDO FL 32826  
US**

3. Date Incorporated or Qualified **01/31/1992** 3a. Date of Last Report **05/22/1995**

4. FEI Number **59-3105221** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

**NOBREGA, JORGE L.  
4543 SADDLEWORTH CIRCLE  
SUITE 202  
ORLANDO FL 32826**

10. Name and Address of New Registered Agent

81 Name **NOBREGA, JORGE L.**

82 Street Address (P.O. Box Number is Not Acceptable) **4543 SADDLEWORTH CIRCLE.**

83

84 City **ORLANDO,** 85 Zip Code **32826**

11. Pursuant to the provisions of Sections 607.0503 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]* DATE **04-22-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NOBREGA, JORGE L.</b>	
STREET ADDRESS	<b>199 AFTON SQUARE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPGS. FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SUMMERS-NOBREGA, SHERRY</b>	
STREET ADDRESS	<b>199 AFTON SQUARE 202</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>NOBREGA, JORGE L.</b>	
1.3 STREET ADDRESS	<b>4543 SADDLEWORTH CR.</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32826</b>	
2.1 TITLE	<b>V.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SUMMERS-NOBREGA, SHERRY L.</b>	
2.3 STREET ADDRESS	<b>4543 SADDLEWORTH CR.</b>	
2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32826.</b>	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* DATE: **04-22-96** DAYTIME PHONE #: **(407) 384-9087**

CR2E034 (12/95)