FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N36977   (9)
1. Corporation Name

SOCIETY FOR THE TECHNOLOGICAL ADVANCEMENT OF REP ORTING, INC.

Principal Place of Business	Mailing Address
222 S. WESTMONTE DR. #101 ALTAMONTE SPRINGS FL 32714	P.O. BOX 150127 ALTAMONTE SPRINGS FL 32715

3. Date Incorporated or Qualified
03/05/1990

4. FEI Number
59-3308744 | Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KAUTTER, TINA
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D ☒ DELETE		1.1 TITLE D	☐ Change ☒ Addition	
NAME COLLINS, DONNA		1.2 NAME Lyon, Sandi		
STREET ADDRESS 600 N PEARL ST LB 181		1.3 STREET ADDRESS 5899 New Peachtree Rd #100.		
CITY-ST-ZIP DALLAS TX		1.4 CITY-ST-ZIP Atlanta GA 30340		
TITLE D ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition	
NAME RENZI, GUY		2.2 NAME		
STREET ADDRESS 827 W STATE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP TRENTON NJ		2.4 CITY-ST-ZIP		
TITLE D ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition	
NAME KAUTTER, TINA		3.2 NAME		
STREET ADDRESS 222 S WESTMONTE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP ALTAMONTE SPGS FL 32714		3.4 CITY-ST-ZIP		
TITLE D ☒ DELETE		4.1 TITLE VD	☐ Change ☒ Addition	
NAME SHAKEY, CANDACE		4.2 NAME Greenspan, Rick		
STREET ADDRESS 500 W HARBOR DR		4.3 STREET ADDRESS 67 SW 114 Terr		
CITY-ST-ZIP SAN DIEGO CA		4.4 CITY-ST-ZIP Coral Springs FL 33071		
TITLE V ☐ DELETE		5.1 TITLE D	☒ Change ☐ Addition	
NAME DURTSCHI, CHARLES		5.2 NAME		
STREET ADDRESS 2414 NORTH AKARD #600		5.3 STREET ADDRESS		
CITY-ST-ZIP DALLAS TX		5.4 CITY-ST-ZIP		
TITLE VP ☐ DELETE		6.1 TITLE P	☒ Change ☐ Addition	
NAME SODERBERG, SUSAN		6.2 NAME		
STREET ADDRESS 2233 VINEYARD ST STE A		6.3 STREET ADDRESS		
CITY-ST-ZIP WAILUKU HI		6.4 CITY-ST-ZIP		

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____   TINA KAUTTER 04-30-98   (407)7747880

CR2E037 (10/97)