

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90302 012 ****61.25

DOCUMENT # N36977

1. Corporation Name

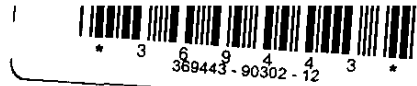
**SOCIETY FOR THE TECHNOLOGICAL ADVANCEMENT OF REPRO-
DUCING, INC.**

Principal Place of Business

222 S. WESTMONTE DR.
#101
ALTA MONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 150127
ALTA MONTE SPRINGS FL 32715



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/05/1990

4. FEI Number

59-3308744

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

9. Name and Address of Current Registered Agent

KAUTTER, TINA
222 S. WESTMONTE DR., #101
ALTA MONTE 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

TITLE ☐ DELETE

NAME **D LYON, S**
STREET ADDRESS **5899 NEW PEACHTREE RD, 100**
CITY-ST-ZIP **ATLANTA GA 30340**

TITLE ☒ DELETE

NAME **D RENZI, GUY**
STREET ADDRESS **827 W STATE ST**
CITY-ST-ZIP **TRENTON NJ**

TITLE ☐ DELETE

NAME **D KAUTTER, TINA**
STREET ADDRESS **222 S WESTMONTE DR**
CITY-ST-ZIP **ALTA MONTE SPGS FL 32714**

TITLE ☒ DELETE

NAME **VD GREENSPAN, R**
STREET ADDRESS **67 SW 114 TERR**
CITY-ST-ZIP **CORAL SPGS FL 33071**

TITLE ☒ DELETE

NAME **D DURTSCHI, CHARLES**
STREET ADDRESS **2414 NORTH AKARD #600**
CITY-ST-ZIP **DALLAS TX**

TITLE ☒ DELETE

NAME **P SODERBERG, SUSAN**
STREET ADDRESS **2233 VINEYARD ST STE A**
CITY-ST-ZIP **WAILUKU HI**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Tina Kautter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/99 407-774-7880

0013198

CR2E037 (11/98)