FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90061 047 ***158.75

DOCU	MENT # P97000	084937					
1. Corporation Name TELLUS TECHNOLOGY, INC.							
Principal Plac	e of Business	Mailing Address					11 11 1 00 1 00
2431 ALOMA AVE 2431 ALOMA AVE							
SUITE 326 SUITE 326							
WINTER PARK FL 32792 WINTER PARK FL 32792				DO NOT WRITE IN THIS SPACE		 -	
					Date Incorporated or Qualifed 10/01/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number		plied For
21 26					59-3462561		t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
		27 City 8 Ct-1-	27 City & State		- 	Fee Rec	
City & State		28	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
Zip	Zip Country Zip		Country 8. This corporation owes the current year Intangible Personal Property Tax			□No	
	9. Name and Address of Curren				10. Name and Address of New Registered	l Agent	
			81	Name			,
LOPEZ, RUSSELL G			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1269 WELLINGTON TER							
MAII	TLAND FL 32751		83	}			
			84	City ·	F	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute:				<u> </u>		_ , ,	
office or r	registered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was auf	horized by	the corporate	on's board of directors. I hereby accept the appo	ointment as reg	jistered
	Signature, typed or printed name of registered agen-	t and title if applicable. (NOTE: F	tegistered Ager	nt signature require	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	·		1.1 TITLE	Ì		Change	☐ Addition
NAME	20. 22,		1.2 NAME	ĺ			ſ
STREET ADDRESS	1411 1411 1411		1.3 STREE	T ADDRESS			ſ
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		77.0	
TITLE			2.1 TITLE	.]		Change	☐ Addition
NAME]		2.2 NAME]			.
STREET ADDRESS			2.3 STREET ADDRESS				}
CITY-ST-ZIP			2.4 CITY-S 31 TITLE	ST-ZIP·		☐ Change	Addition
TITLE			3.2 NAME	-			
NAME	1			TADDRESS			ļ
STREET ADDRESS	{		•	- {			ł
CITY-ST-ZIP TITLE	DELETE		3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition
NAME			4.2 NAME				1
STREET ADDRESS	ĺ		4	TADDRESS			Ì
CITY-ST-ZIP			4.4 CITY-S	1			1
TITLE .			5.1 TITLE			☐ Change	Addition
NAME			52 NAME	j			{
STREET ADDRESS]		5.3 STREE	T ADDRESS			Ţ
CITY-ST-ZIP	5.4		5.4 CITY-S	T-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	}		6.2 NAME				
STREET ADDRESS	{		6.3 STREE	TADDRESS			}
			E CACIDA N	7 710 I			

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 to 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 on any attachment with any oddress with all other like empowered.

SIGNATURE

ATTIVE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OPPORTUDED TO

1/31/29

407-679-1996

RSE034 (11/98)