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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

		" F95 NOLOGIES,		J3581 (4)			
Principal Place of Business				Mailing Address			T TOURING THE COME CHILL COME COME COME COME COME COME COME COME
6706 BENJAMIN RD SUITE 400				6706 BENJAMIN RD SUITE 400			
							DO NOT WRITE IN THIS SPACE
TAMPA FL 33634				TAMPA FL 33634			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
2, Principal I	Place of Busi	ness	1 :	2a. Mailing Address			08/10/1995 4. FEI Number Applied For
21			20				64-0793904 Not Applicable
Suite, Apt	. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22			27				Fee Required
City & State				City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country			Zip Country			Trust Fund Contribution Added to Fees
24		25	25	¬ ·	30	' y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name	and Address			[30]		10. Name and Address of New Registered Agent
ac	NZALEZ. A	LICE			8	1 Name	
6706 BENJAMIN RD					8:	2 Street A	Address (P.O. Box Number is Not Acceptable)
SUITE 400						E BUGGIA	Address (F.O. Dox Number is Not Addeptable)
TAMPA FL 33634					8	3	
1			8	4 City	85 Zip Code		
1				ا ا	Only	FL S Z COUCE	
11. Pursuant office or agent. I	to the provis registered ag am familiar w	ions of Sections gent, or both, in ith, and accept	s 607.0502 and the State of Fid the obligations	607.1508, Florida Statu brida. Such change was of, Section 607.0505, F	ites, the abo authorized I lorida Statul	ve-named c by the corpo es.	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed	or phrited name of re	egistered agent and t	rile if applicable (NC	TE Registered A	goni signature re	e required when reinstating) DATE
12.	OFFICERS AND DI						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	NAME SANCHEZ-MARCOS, ELPIDIO			☐ DELE te	1.1 TITLE		☐ Change ☐ Additio
NAME				00			
STREET ADDRESS 6706 BENJAMIN RD, SUITE 4			Suite 400			ET ADDRESS	
CITY-ST-ZIP		FL 33634		DELETE	1.4 CITY		
TITLE	D	uaci		☐ DELETÉ	2.1 TITLE	- 1	☐ Change ☐ Additio
NAME	RUIZ, A		CHITT AND		2.2 NAME	1	
STREET ADDRESS		:njamin RD, : Fl 33634	3UIIE 400			ET ADORESS	
CITY-ST-ZIP TITLE	D	FL 33034	.	DELETE	2. 4 CITY 3.1 TITLE		Change Addition
NAME		ROBERTO			32 NAMI	1	
STREET ADDRESS		NJAMIN RD,	SLIFTE 400			ET ADDRESS	
CITY-ST-ZIP		FL 33634	00/1E 400		3 4, CITY		
TITLE	٧T			☐ DELETE	4.1 TITLE		Change Addition
NAME	1	.ez, alice			4. 2 NAM	E	
STREET ADDRESS		NJAMIN ROA	D, SUITE 400	1	4.3 STREE	ET ADDRESS	
CITY-ST-ZIP	TAMPA				4.4 CITY	ST-ZIP	
TITLE	T			DELE te	5.1 TITLE		☐ Change ☐ Addition
NAME		.ez, alice			5.2 NAME		
STREET ADDRESS 6708 BENJAMIN RD, SUITE 400					5.3 STREE	T ADDRESS	
CITY-ST-ZIP	TAMPA	FL 33634		7.55.55	5.4 CITY		
TITLE	,			☐ DELETÉ	6.1 TITLE	- 1	Change Addition
NAME					6.2 NAME		
STREET ADDRESS	,				6.3 STREE	T ADDRESS	

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 607, Florida Statutes; and that my name appears in Block 13 in changed, or on an attachment with an address.

FILED

Feb 25 1998 8:00am

Secretary of State