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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F96000006448 (2)

TECHNOLOGY DEPLOYMENT ALLIANCE INC.

1201111		Minter Hill.				<b>aana a</b> nn bien ahan 1417 1647
Principal Place of Business		Mailing Address			ERIKE ORGAN ORBAN ORBAN IDIN ARRA	
3007 W. SAN RAFAEL STREET TAMPA FL 33629-6024		3007 W. SAN RAFAEL STREET Tampa Fl 33629-6024				
				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	10077102
					12/09/1996	l
<u> </u>	lace of Business	2a. Mailing Addre	ss		4. FEI Number	Applied For
21		26		NOT_APPLICABLE	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
22 City & State		City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ziρ Country		Zip			8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No N/
	<ol><li>Name and Address of Curr</li></ol>	ent Registered Agent		- <del></del>	10. Name and Address of New Register	red Agent
BO'	YD, BILL		]•	Name		
3007 W. SAN RAFAEL STREET			1	Street Add	dress (P.O. Box Number is Not Acceptable)	
TAN	MPA FL 33629-6024		ي إ	13		
			ľ	"		
			8	City		Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the abo	ove-named cor	poration submits this statement for the purpos	se of changing its registered
office or re	egistered agent, or both, in the Sta m familiar with, and account the obt	ite of Horida, Such chang ligations of Section 607.0	e was authorized	by the corpora	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	The time the time to the time to	iguation but cookies a box to	oos, rionaa omo			
	Signature, typied or printed name of registered		(NOTE Registered	Agent signature requ	ired when reinstating) DA	ī Ē
12.	····	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PC DELETE					Change Addition
STREET ADDRESS 3007 W. SAN RAFAEL STREET		ter	1.2 NAM			
CITY-ST-ZIP	TAMPA FL 33629-6024	CCI	•	EET ADDRESS '- ST - ZIP		!
TITLE	IDMITA I L GAGGAGGA	DEL			·	Change Addition
NAME			2.2 NAN	E		
STREET ADDRESS			2.3 STR	EET ADDRESS		
CITY - ST - ZIP				Y-ST-ZIP		
TITLE		L. DELI	ETE 3.1 TITL	F		Change Addition
NAME			3.2 NAN	i i		
STREET ADDRESS				LET ADDRESS		,
CITY-ST-ZIP TITLE		DELI		r-ST-ZIP		Change Addition
NAME		LJ 0/21	4.1 IIIL			E cuande D vocation
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			1	- ST - ZIP		
TITLE		DELI				Change Addition
NAME			5.2 NAM	IE .		
STREET ADDRESS			5.3 STRI	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ DELI				Change Addition
NAME			6.2 NAM			
STREET ADDRESS			6.3 STR	ET ADDRESS		

64 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 eath; 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 appearance of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Apr 23 1998 8:00am

Secretary of State