AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #

City & State

MAITLAND FL 32751

Zip

Corporation Name	F9700000341	ì
VIRGINIA FUTURE T	ECHNOLOGIES, INC.	

Country

rincipal Place of Business Mailing Address 10289 AEROSPACE ROAD 0289 AEROSPACE ROAD SEABROOK MD 20706 EABROOK ND 20708 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/01/1997 FEI Number Principal Place of Business 2a. Mailing Address 54-1646962 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired

City & State

30 25 9. Name and Address of Current Registered Agent FUNARO, JOSEPH **538 FAITH CIRCLE**

☐ No Intangible Personal Property. 10. Name and Address of New Registered Agent 81 Walter W. Woodruff Street Address (P.O. Box Number is Not Acceptable) 405 Almeria Court 62 83

Election Campaign Financing

8. This corporation owes the current year

Trust Fund Contribution

84 City Winter Springs 2/2/10/8 Pursuant to the provisions of sections 607.0502 and 607.1508, 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 abound of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

NATURE

Country

NUNATURE	Signature, typed or printed name of registered agent and one if applicable. (NOTE	: Registered Agent signature require	d when Henstaling) DATE /	6
2.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(2/88)
TLE	PCD DELETE	1.1 TMLE	Change Addition	₩
WE	GUPTA, RAM N	1.2 NAME	j	Ś
REET ADDRESS	4306 POPLAR BRANCH DR	1.3 STREET ADDRESS		CR2E034
TY-ST-ZIP	CHANTILLY VA	1.4 CITY-ST-ZIP		3
πE	DELETE	2.1 TITLE	Change Addition	_
WE -		2.2 NAME	•	
REET ADDRESS		2.3 STREET ADDRESS	,	
TY-ST-ZIP		2.4 CITY-ST-ZIP		
ne	DELETE	3.1 TITLE	Change Addition	
ME		3.2 NAME		
REET ADDRESS	، مست بالحجابي ينسب	3.3 STREET ÁDORESS		•
TY-ST-ZIP		3.4 CITY-ST-ZIP		
TLE	DELETE	4.1 TITLE	Change Addition	
WE		42 HAME		
REET ADDRESS		4.3 STREET ADDRESS		
TY-ST-2IP		4.4 CITY-ST-ZIP		
TLE	DELETE	5.1 TITLE	Change L Addition	
ME		5.2 NAME		
REET ADDRESS		5.3 STREET ADDRESS	}	
TY-ST-ZIP		5.4 CITY-ST-ZIP		
rle [☐ OELETE	8.1 TITLE	Change Addition	
WE	<u>.</u>	6.2 NAME		
REET ADDRESS	•	8.3 STREET ADDRESS		
ry-st-zip		6.4 CITY-ST-ZIP		
I. I hereby ce	rtify that the information supplied with this filing does not qualify for the	exemption stated in section	1 119.07(3)(i), Florida Statutes. I further certify that the information	

indicated on this annual report or a an officer or director of the corpora in Block 12 or Block 13 if changed, upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am ton or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears for on an attachment with an address.

SIGNATURE:

FILED Jul 15, 1999 8:00 am Secrétary of State

07-15-1999 90023 023 ***550.00

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

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