## 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 # J21048 (0)DISTRIBUTED PROCESSING TECHNOLOGY, CORP.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

Mailing Address

140 CANDACE DR MAITLAND FL 32751

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22

23

24

Zip

140 CANDACE DR MAITLAND FL 32751

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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## **FILED** Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 $\mathbf{Z}$ 

8. This corporation owes or has paid the current year intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

407.830.5522

Not Applicable

3. Date Incorporated or Qualified 06/25/1986

59-2689573

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

4. FEI Number

Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARRIS, MARSHALL S.			81	T	Name		
255 SO. ORANGE AVE			82	<del> </del>	Stroot A	Address (P.O. Box Number is Not Acceptable)	
SUITE 850			02	1	Olfeer V	Address (F.O. Box Number is Not Addeptable)	
ORLANDO FL 32801			83	1			
			-	+			
			84	1	City	FL 85 Zip Code	
11. 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's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
Signature, typed or printed name of registered agent and life if applicable. (NOTE, Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GOLDMAN, MARILYN S.		1.1 TITLE			Change Addition	
NAME	140 CANDACE DR		1.2 NAME				
STREET ADDRESS	MAITLAND FL		1.3 STREE				
CITY+ST-ZIP	DC		1.4 CITY - S		ZIP		
TITLE		•	2.1 TITLE		İ	☐ Change ☐ Addition	
NAME	GOLDMAN, S.I.		2.2 NAME				
STREET ADDRESS	140 CANDACE DR	<b>.</b>	2.3 STREET	ΙAD	JDRESS		
CITY - ST - ZIP	MAITLAND FL	····	2. 4 CITY - 9	ST-	ZIP		
TITLE	DP		3.1 TITLE			. L. Change L. Addition	
NAME	GOLDMAN, STEPHEN H.		3.2 NAME				
STREET ADDRESS	140 CANDACE DR	•	3.3 STREET		DORESS		
CITY-ST-ZIP	MAITLAND FL		3.4. CITY-S		ZIP		
TITLE	D	L_I DELETE .	4.1 TITLE			Change	
NAME	WHITCHURCH, E. F.		4. 2 NAME				
STREET ADDRESS	140 CANDACE DR	<b>.</b>	4.3 STREET	ΑD	IDRESS		
CITY-ST-ZIP	MAITLAND FL		4.4 CITY - S	T-2	ŻΙΡ		
TITLE	D	<b>≥</b> DELETE	5.1 TITLE			Change Addition	
NAME	DEVIN, JOHN PHILLIP		5.2 NAME				
STREET ADDRESS	140 CANDANCE DRIVE	. !	5.3 STREET		DRESS		
CITY-ST-ZIP	MAITLAND FL		5.4 CITY - S		ZIP		
TITLE	D	☐ DELETE €	6.1 TITLE		Ì	☐ Change ☐ Addition	
NAME	Wagman, David S.	6	6.2 NAME		- 1		
STREET ADDRESS	140 CANDANCE DRIVE		6.3 STREET A		DRESS		
CITY - ST - ZIP	MAITLAND FL		6.4 CITY - S1				
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 inpowered to receive 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 attachment with an address.							

Country

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