PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State **Katherine Harris**

05-07-1999 90163 035 ***150.00

DOCUN 1. Corporation	MENT # J26123					
. Corporation	TECHNOLOGY INTERNATION	onal, inc.				
Principal Place	e of Business	Mailing Address		3 (85)(15 3)(6 8)(6 8)(16)(17)(17)	'9 ilii gibii bibii bibii bibii bibii	(81) 81811 (88)
3185 E. WASHIN	NGTON BLVD.	3185 E. WASHINGTON BLVD. LOS ANGELES CA 90023				
LOS ANGELES	CA 3023	COO RINGELES ON SOMES		DO NOT WRIT	E IN THIS SPACE	
				3. Date Incorporated or Qualifed	•	
				07/25/1986		
Principal Place of Business Za. Mailing Address				4. FEI Number	Į . į. · · · ·	plied For
21 26 Suite Apt. #, etc. Suite Apt. #, etc.			59-2728052 5. Certifcate of Status Desired □		t Applicable	
					Fee Required	
27			6. Election Campaign Financing	_ \$5.00 ·	May Be	
23 28			Trust Fund Contribution		o Fees	
Zip			Country 8. This corporation owes the current year Intangible			
24	25 29 3		30	Personal Property Tax. Yes No		□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Ro	egistered Agent	
000	DODLETT 100000 INO		81 Name			
CORPORATE ACCESS, INC.			82 Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
1116-D THOMASVILLE RD.				6 EAST SIXTH AVE	<u>, </u>	
TALL	AHASSEE FL 32303		83			
			84 City	LLAHASS &	FL 85 32	303
·				rporation submits this statement for the p		
office or n	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized by the corpora	tion's board of directors. I hereby accept	the appointment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered ager	of and title if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating)	DATE	——- i
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME ,	WEBB, RAYMOND		1.2 NAME			}
STREET ADDRESS	3185 E. WASHINGTON BLVD.		1.3 STREET ADDRESS			ļ
CITY-ST-ZIP	LOS ANGELES CA 90023		1.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE		Change	Addition
NAME	Burke, Terry		2.2 NAME			
STREET ADDRESS	3185 E. WASHINGTON BLVD.		2.3 STREET ADDRESS			1
CITY+ST-ZIP	LOS ANGELES CA 90023		2. 4 CITY-ST-ZIP			Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			ļ
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	☐ Addition
ITILE			4.1 IIILE 4.2 NAME			
NAME			4.3 STREET ADDRESS			Į
STREET ADDRESS			4.4 CITY-ST-ZIP			}
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME		<u> </u>	5.2 NAME		_	1
STREET ADDRESS			5.3 STREET ADDRESS)
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	,	Change	Addition
NAME			6.2 NAME			l
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DESPET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29,1999

323-268-6842