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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90225 011 ***150.00

1. Corporation	MENT # J59791 Name ECHNOLOGY, INC.							
Principal Place of Business Mailing Address					E TORNING WINN WINNE JAMES LAND WAS BIRNED	1641 VIE(L C)U		
11320 FORTUNE CIRCLE STE G18 WEST PALM BEACH FL 33414 US 11320 FORTUNE CIRCLE STE G18 WEST PALM BEACH FL 33414 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/02/1087			
5 D 1 1 1 D		2a. Mailing Address			03/03/1987 4 FEI Number		Applied For	
2. Principal Place of Business 2a. Mailing Address 2f					59-2787216	<u> </u>	Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
27					5. Certificate of Status Desired		Required	
City & State City & State					6. Election Campaign Financing		May Be	
23	Zip Country Zip Co				Trust Fund Contribution 8. This corporation owes the current year Int.		d to Fees	
Zip	Country	25 29 30			Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curre		1		10. Name and Address of New Registered	Agent		
			81	Name				
SCHWENCKE, KERRY R. 1645 PALM BEACH LAKES BLVD SUITE 290				Street Add	tress (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33401			83					
,,,,,			84	City	FL	85 Zi	p Code	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC		
TITLE	VSD	☐ DELETE	1.1 TITLE	1		L_I criang	le 🖂 Wadinoit	
NAME	CUETAS, JEANNE A.	1.2 NA		T ADDDESS				
STREET ADDRESS	1124 RAINTREE LANE WEST PALM BEACH FL	•		T ADDRESS				
CITY-ST-ZIP TITLE	PDT	DELETE	1.4 CITY-S 2.1 TITLE	1-417		Chang	ge Addition	
NAME	CVETAS, DAVID P.	22 N				•		
STREET ADDRESS	OVE ING, ENTIRE 1:			T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-S					
TITLE			3.1 TITLE			Chang	je 🗌 Addition	
NAME	3.2 N		3.2 NAME					
STREET ADDRESS			3.3 STREE	TADORESS			ì	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		Chan	Addition	
TITLE			4.1 TITLE	\		Chang	ge 🗌 Addition	
NAME			4. 2 NAME	1				
STREET ADDRESS				T ADDRESS			Ì	
CITY-ST-ZIP TITLE		□ DELETE	4.4 CITY-S 5.1 TITLE	11-4IF		Chang	ge Addition	
NAME		<u> </u>	5.2 NAME	- 1			[
STREET ADDRESS			5.3 STREE	TADDRESS			1	
CITY-ST-ZIP'	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-S	T-ZIP				
TITLE :'1		☐ DELETE	6.1 TITLE			Chang	ge 🗀 Addition	
NAME :			6.2 NAME				ļ	
STREET ADDRESS	•		6.3 STREE	T ADDRESS			j	
CITY OT 71D			6.4 CITY-S	T-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:

NING OFFICER OR DIRECTOR