SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. 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

DOCUMENT #

Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90008 004 ***550.00

| TITLE DP DELETE 1.1 TITLE NAME SANTOSTASI, MR. PAUL STREET ADDRESS 3651 TOREY PINES BLVD. DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | U.S. DI | VERSIFIED TECHNOLOG | GIES, INC. | | | | | | | |
|--|-------------------|--|---------------------------------|--------------|---|------------------|---|------------|---------------------------|-----|
| Principal Place of Business Sesti BRYAN DAIRY PGAD SEMBOLE FL 36642 US 3. Data incorporated of Qualified 09/26/1989 2. Principal Place of Business 2a. Mailing Address 2b. Setting Age of Qualified 09/26/1989 2. Principal Place of Business 2a. Mailing Address 3b. Data incorporated of Qualified 09/26/1989 2. Principal Place of Business 2a. Mailing Address 3b. Setting College of Qualified 09/26/1989 2. Principal Place of Business 2a. Mailing Address 3b. Data incorporated of Qualified 09/26/1989 2. Principal Place of Business 2a. Mailing Address 3b. Data incorporated of Qualified 09/26/1989 2. Principal Place of Business 2a. Mailing Address 3c. Certificate of Status Desired 3c | | | | | | | | | | |
| SSO BRYAN DARY ROAD SON 4000 SENINCE FL 34642 US US US US US US US U | Principal Plac | e of Business | Mailing Address | | | · | |) | it blatt blott blatt fort | |
| US DO NOT WRITE IN THIS SPACE 3. Date Incorporation of Qualified 09/26/1989 2. Principal Place of Business 2. Mailing Address 2. Each of Business 2. A FEI Number 59-3147993 Not Applicable 59-314993 Not Applicable 59 | 1 | | • | | | | | | | |
| 2. Principal Place of Business | LARGO FL 34 | | | | | | | | | |
| 2. Principal Place of Business 2a. Mailing Address 4. FER Number Applied For | US | | US | | | | | S SPACE | | _ |
| 2. Principal Place of Business | | | . | | | | | | | ļ |
| Suite, Apt. #, etc. Status Desired Status D | | | | | | | | | · | 1 |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired Fee Required Fee Required Fee Required Status Desired Fee Required Status Desired Fee Required Status Desired | \longrightarrow | Place of Business | <u> </u> | | | | | L | | 1 |
| S. Certificate of Status Desired Fee Required | | | | | | | 59-3147393 | | | 1 |
| Zip | 1 | #, etc. | | | | | 5. Certificate of Status Desired | cired | | |
| Zip | | te | | | | | 1 1 | | | |
| 9. Name and Address of Current Registered Agent SCHIFINO, WILLIAM J. 201 N. FRANKLIN ST., SUITE 2700 TAMPA FL 33602 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 agent. and familiar with, and accept the obligations of, section 607,0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11. TITLE PT MAKE DEUTSCH, MARVIN STREET ADDRESS GITN-ST-ZIP ITILE DELETE 1.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE Change Addition Addition STARKEY, CHRIS STREET ADDRESS GITN-ST-ZIP JUPITER FL DELETE 4.1 TITLE DELETE 3.1 TITLE 3.3 STREET ADDRESS GITN-ST-ZIP JUPITER FL DELETE 4.1 TITLE AAGDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Change Addition Addition Addition Change Addition Addition Addition DELETE 3.1 TITLE 3.2 STREET ADDRESS GITN-ST-ZIP JUPITER FL DELETE 4.1 TITLE Change Addition Change Addition | | Country | Zip | Co | untry | | 8. This corporation owes the current year | | | 1 |
| 9. Name and Address of Current Registered Agent SCHIFINO, WILLIAM J. 201 N. FRANKLIN ST., SUITE 2700 TAMPA FL 33602 82 Street Address (P.O. Box Number is Not Acceptable) 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 agent. I am familiar with, and accept the obligations of sections of specific 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP- SANTOSTASI, MR. PAUL SANTOSTASI, MR. PAUL SANTOSTASI, MR. PAUL STREET ADDRESS OCITY-ST-2P SARASOTA FL 14. CITY-ST-2P TITLE PT DELETE 11. TITLE DELETE 21. TITLE PT DELETE 22. YAWAE STARKEY, CHRIS STARKEY, | 24 | 25 | 29 | 30 | | | Intangible Personal Property. | Yes | ☐ No | |
| SCHIFINO, WILLIAM J. 201 N. FRANKLIN ST., SUITE 2700 TAMPA FL 33602 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 Street Address (P.O. Box Number is Not Acceptable) 86 City FL 85 Zip Code 87 Street Address (P.O. Box Number is Not Acceptable) 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 Street Address (P.O. Box Number is Not Acceptable) 81 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 agent. I am familiar with, and accept the obligations of, section 607.6505, Florida Statutes. 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City Intervent of the purpose of changing its registered agent agent. I am familiar visit 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 visit in the State of Florida. Statutes. 88 City FL 85 Zip Code 89 City Intervent of the purpose of changing its registered agent agent. I am familiar visit in the State of Florida Statutes. The corporation's board of directors. I hereby accept the appointment as registered agent. I agent agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation of directors. I hereby accept the appointment as registered agent. | | 9. Name and Address of Ci | urrent Registered Agent | | | | 10. Name and Address of New Registere | d Agent | |] |
| 201 N. FRANKLIN ST., SUITE 2700 TAMPA FL 33602 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, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE | 000 | CALIFORNIA DE LA CALIFO | | | 81 | Name | | | | ŀ |
| TAMPA FL 33602 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, and the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE U) | | | | | 82 Street Address (P.O. Boy Number is Not Accer | | | | | 1 |
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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. | office or | registered agent, or both, in the | State of Florida, Such change w | as authoriz | ed by | the corpor | ation's board of directors. I hereby accept the app | ointment a | as registered | l |
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| STREET ADDRESS 4.3 STREET ADDRESS | STREET ADDRESS | | | 4.3 9 | TREET | ADDRESS | | | | Ì |

6.4 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 changes, or on an attachment with an address.

4.4 CITY-ST-ZIF 5.1 TITLE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

Change Addition