

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90037 043 \*\*\*150.00

DOCUMENT # **L28042**

1. Corporation Name  
**PROFESSIONALS FOR TECHNOLOGY ASSOCIATES, INC.**



Principal Place of Business

C/O PETER L GRIECO  
3109 45TH ST SUITE 100  
WEST PALM BEACH FL 33407  
US

Mailing Address

C/O PETER L GRIECO JR  
3109 45TH STREET SUITE 100  
WEST PALM BEACH FL 33407  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1989

4. FEI Number

06-1113068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

GRIECO, PETER L., JR.  
3109 45TH STREET SUITE 100  
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name

GRIECO, SCALERA, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

3109 45th STREET

83

84 City

WEST PALM BEACH

FL

85 Zip Code  
33407

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

*Mark Griedo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **GRIECO, PETER L., JR.**  
STREET ADDRESS **3109 45TH STREET SUITE 100**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P.** ☐ Change ☒ Addition  
1.2 NAME **GRIECO, KEVIN**  
1.3 STREET ADDRESS **3109 45th STREET, SUITE 100**  
1.4 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

2.1 TITLE **VP** ☐ Change ☒ Addition  
2.2 NAME **GRIECO, MARK**  
2.3 STREET ADDRESS **3109 45th STREET, SUITE 100**  
2.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark Griedo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99

Date

561-687-0135

Daytime Phone #

CR2E034 (11/98)

0325416