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

Mailing Address

250 AUSTRAILIAN AVE SO.

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L97760 1. Corporation Name

Principal Place of Business

250 AUSTRAILIAN AVE SO.

SUITE 500

STREET ADDRESS

ORLANDO TECHCENTER, INC.

WEST PALM BEACH FL 33401		WEST PALM BEACH FL 33401				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorpora				· ·
						09/04/1990	)			
	lace of Business	2a. Mailing Address	•			4. FEI Number			A	pplied For
21		26				65-021560	3		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of S	tatus Desired	$\checkmark$		Additional
22		27				g. Certificate of C	·	<u> </u>	Fee R	lequired
City & Stat	e	City & State				6. Election Camp	aign Financing	П	\$5.00	May Be
23		28				Trust Fund Co	ntribution		Added	to Fees
Zip	Country	Zip	Countr	у		8. This corporation	on owes the curr	ent year In		
24	25		30			Personal Prop			√ ☐ Yes	□No
	9. Name and Address of Current	Registered Agent		41 51		10. Name and Ad	Idress of New F	Registered	Agent	. ,
COB	PORATION COMPANY OF MIAMI		81	1 Nam	ne					
	EDWARD BALL BLDG		82	2 Stre	et Address	(P.O. Box Number	er is Not Accepta	able)		,
100 CHOPIN PLAZA					of a firm of the Son Son Spirite will and to meaning the ways and the son of					
	MI FL 33131		83	3		· 通過工具				
IVILA	WI FL 33131		84	4 City		141.	* 4 * 23 * N & 13 C	1 45(1) A(9);	85 Zip	Code
65.0								FL	<b>-</b>   95   - 1	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	ve-name	ed corpora	tion submits this s	tatement for the	purpose of	changing its	s registered
onice or r	egistered agent, or both, in the State of median me	or Florida. Such change was aut ions of, Section 607.0505, Florid	inorized by da Statute:	y ine co s.	rporation s	board of directors	s. I nereby accep	ot the appo	intment as re	egisterea
SIGNATURE		4								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Age	ent signatu	re required who	en reinstating);		DATE		, ,
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CH	IANGES TO OF	FICERS A	ND DIRECTO	ORS IN 12
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6.4 CITY-ST-ZIP

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90021 018 \*\*\*158.75

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 chapted, or on an attachment with an address, with all other like empowered. 954-428-4585