FILE NOW: FILING FEE IS \$61.25

NONPROFIT



FLORIDA DEPARTMENT OF STATE

		AL REPORT		DIVISI	•	of State PRPORATIO	NS			
	DOCUM 1. Corporation I	MENT #	N4489	1 (2	2)					
	TECHNO	LOGY ENTI	RUST, INC.							
	Principal Place of	of Business		Mailing Address					l DIBI BIBEL BIBEL BIBIL BIBEL B	/I (I I I I I I I I I I I I I I I I I I
	1511 KASTNER SANFORD FL 3			1511 KASTNER SANFORD FL 3						
								3. Date Incorporated or Qualified 08/26/1991	3a. Date of Last F 05/01/19	995
	2. Principal Plac	ce of Business		2a. Mailing Addr	ess			4. FEI Number 59-3083509	 	Applied For Not Applicable
_	21 Suite, Apt. #	, etc.		Suite, Apt. #	, etc.			5. Certificate of Status Desired		Additional Required
_	City & State			City & State				Election Campaign Financing Trust Fund Contribution		May Be to Fees
L	Zip 24	25	Country	Zip 29	3	Country			☐ Yes ☐ No	199.032,
		9. Name and	Address of Curre	ent Registered Agent	·		T- ".	10. Name and Address of New F	Registered Agent	
						81	Name			
l	14 10-14 10-									
ı		F, MARK				82	Street Ac	ddress (P.O. Box Number is Not Acceptal	ble)	
	1511 KAS	STNER PLACE					Street Ac	ddress (P.O. Box Number is Not Acceptal	ble)	
	1511 KAS					82 83	Street Ac	ddress (P.O. Box Number is Not Acceptat		
	1511 KAS	STNER PLACE						ddress (P.O. Box Number is Not Acceptat		o Code
	1511 KAS SANFORI	STNER PLACE D FL 32771	of Sections 617.05)2 and 617,1508, Floric	da Statutes,	83 84	City	purchas submits this statement for the pur	FL 85 Zip	enistered office
	1511 KAS SANFORI	o the provisions of agent, or both	i, in the State of Fig	irida. Such change was	authonzeo	83 84	City	poration submits this statement for the pulporard of directors. I hereby accept the app	FL 85 Zip	enistered office
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14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address.

6 4 CITY - ST - ZIP

6.2 NAME 6 3 STREET ADDRESS

SIGNATURE: _

STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)