## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1998			Secretary of State DIVISION OF CORPORATIONS			Secretary of State
₽Ç	CUMENT Orporation Name	# N44891	(2)			
1	ECHNOLOGY E	ENTRUST, INC.				
Princi	pal Place of Business	S	Mailing Address			
1511 KASTNER PLACE			1611 MARTHER DIAGE			
	RD FL 32771		1511 KASTNER PLACE SANFORD FL 32771			3. Date Incorporated or Qualified 08/26/1991
						4. FEI Number Applied For
2. Pri	incipal Place of Busin	220	2a. Mailing Address			<b>59-3083509</b> Not Applicable
21	·		26			5. Certificate of Status Desired \$8.75 Additional Fee Required
22	ite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 23	y & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip 24		Country 25	Zip <b>3</b>	Country		This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.  Yes No
	9. Name	and Address of Current R				10. Name and Address of New Registered Agent
				81	Name	
GION, RICHARD G 1511 KASTNER PLACE				82	Street A	Address (P.O. Box Number is Not Acceptable)
SANFORD FL 32771				83		
	· · · · · · · · · · · · · · · · · · ·			84	City	85 Zip Code
				11	-	
11. P	ursuant to the provisi ffice or registered ag	ons of Sections 617.0502 are	nd 617.1508, Florida Statutes Florida, Such change was au	the above	named of	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	gent. I am familiar wit ATURE	h, and accept the obligation	ns of, Section 617.0503, Florid	da Statutes	s.	per anomal action of an action of the coope and appointment as registered
	Signature, typed	or printed name of registered agent an		Registered Age	nt signature	e required when reinstating) DATE
12.		OFFICERS AND D		13.	,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME		FF, URSULA		1.2 NAME		
		STNER PLACE		1.3 STREET		
CITY-ST	D SAMEON	U FL	☐ DELETE	1.4 City-St 2.1 Title	T-ZIP	☐ Change ☐ Addition
NAME	, -	', THOMAS D.		2.7 TILLE 2.2 NAME		Change Addition
STREET		STNER PLACE		2.3 STREET	ANNOFES	
CITY-ST				2. 4 CITY - S		, *
TITLE	D	- · <del></del>	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GION, RI	CHARD		3.2 NAME		
STREET	adoress   1511 KA	STNER PLACE		3.3 STREET	ADDRESS	
CITY-S1	ZIP SANFOR	D FL 32771		3.4. CITY-S	1-21P	
TITLE			☐ DELETE	4.1 TITLE	T	☐ Change ☐ Addition
NAME				4.2 NAME		
STREET !				4.3 STREET	ADDRESS	
CITY-ST	-ZNP		DELETE	4.4 CITY-ST	I-ZIP	
TITLE NAME			DELETE	5.1 TITLE	-	Change Addition
STREET /	INDRESS			5.2 NAME	ADDDDCOO	
CITY-ST				5.3 STREET A		
TITLE	- s.n		☐ DELETE	5.4 CITY - ST 6.1 TITLE	-ZIP	Change Addition

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 of the

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Apr 10 1998 8:00am