FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996

DIVISION OF CORPORATIONS

N95000005012 (8) DOCUMENT # FLORANADA TECHNOLOGY FOUNDATION, INC. Mailing Address Principal Place of Business 5251 NE 14TH WAY 5251 NE 14TH WAY FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 3. Date Incorporated or Qualified 3a. Date of Last Report 10/24/1995 4. FEt Number Applied For 1/16/96 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζiρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes ☐ Yes ☐ No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SHEFFIELD, LESUE Street Address (P.O. Box Number is Not Acceptable) 82 5811 NE 14TH WAY 83 FORT LAUDERDALE FL 33334 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE 1.1 TITLE TITLE SHEFFIELD. LESUE 12 NAME CR2E037 NAME 5811 NE 14TH WAY 13 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33334 14 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE BERTELLI, JUDY 2.2 NAME 4801 NE 16TH AVENUE 2 3 STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 33334 2 4 CITY - ST- ZIP CITY-ST-ZIP [] Change TITLE DELETE 3.1 TITLE ☐ Addition GIAMBRONE, SHERRY NAME 3 2 NAME 4721 NE 19TH AVENUE STREET ADDRESS 3 3 STREET ADDRESS FORT LAUDERDALE FL 33308 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 THILE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP Change DELETE Addition 5.1 TITLE TITLE 500001823575 5.2 NAME NAME -05/15/96--01141--027 5.3 STREET ADDRESS STREET ADDRESS ***61.25 5 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE DELETE 61 TITLE >~ 62 NAME 5.15 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. I 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

4/25/96 954-771-1105