

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90022 004 ****61.25

DOCUMENT # N96000001730

1. Corporation Name

THE FOUNDATION FOR TECHNOLOGICAL EDUCATION, INC.

Principal Place of Business

719 MAGELLON DR
SARASOTA FL 34243

Mailing Address

719 MAGELLON DR
SARASOTA FL 34243



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 719 Magellan Dr.		26 719 Magellan Dr.		03/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 N/A		27 N/A		31-1468177 OK Employer ID#	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Sarasota, FL		28 Sarasota, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 34243		29 34243		30 U.S.	
Country		Country			
25 U.S.		30 U.S.			

9. Name and Address of Current Registered Agent

CANNATA, GAETANO
6809 26TH ST W
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMOND, DOUGLAS	1.2 NAME	
STREET ADDRESS	6060 34TH ST W	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMMEL, PETER	2.2 NAME	
STREET ADDRESS	1330 CUMBERLAND RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	STR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGES, CHRISTINE	3.2 NAME	David Baber
STREET ADDRESS	767 TROTTER AVENUE	3.3 STREET ADDRESS	Director Sarasota Historical Resources
CITY-ST-ZIP	SARASOTA FL 34237	3.4 CITY-ST-ZIP	7010 Plaza de Domingo
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Sarasota, FL 34236
NAME	ZAMIR, MARTIN D	4.2 NAME	
STREET ADDRESS	215 W 88TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, GEORGE	5.2 NAME	
STREET ADDRESS	13 NAUTICAL WATCH	5.3 STREET ADDRESS	
CITY-ST-ZIP	FROGMORE SC	5.4 CITY-ST-ZIP	
TITLE	David Baber <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director Sarasota Historical Resources	6.2 NAME	
STREET ADDRESS	7010 Plaza de Domingo	6.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236	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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)