05-07-1999 90108 010 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000028580

1. Corporation Name

PRACTIC	CE TECHNOLOGY, INC.				
5	,	Adulting Addings			8110 11001 19101 91101 10111 0011 1881
Principal Place of Business  1312 E ROBINSON ST  ORLANDO FL 32801  US  Mailing Address  1312 E ROBINSON ST  ORLANDO FL 32801  US  US				DO NOT WRITE IN T	HIS SPACE
00		00		3. Date Incorporated or Qualifed	
				04/16/1993	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3197687	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current yea	r Intangible □ Yes □ No
24)	25	29 3	0]	Personal Property Tax.  10. Name and Address of New Register	
	9. Name and Address of Curren	t Registered Agent	81 Name I	10. Name and Address of New Register	ed Agent
HILL, BRIAN D			82 Street Addr	ess (P.O. Box Mumber is Not Acceptable)	<u>.</u>
1037 LANCASTER DRIVE			2	2819 Whipper Cour	<u>^'I</u>
ORLANDO FL 32806			83	11	
			84 City	Orlando	FL 85 Zp.Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name				oration submits this statement for the purpos	e 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 official states.					
SIGNATURE	/ /lashb/l	100	egisterød Agent signature require	(.7	5/3/99
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	DIRKES, CARL D		1.2 NAME		
STREET ADDRESS	2819 WHIPPET CT		1.3 STREET ADDRESS		•
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HILL, BRIAN D	2(	2.2 NAME		}
STREET ADDRESS	1037 LANCASTER DR	GIL "	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		
TITLE	ν	☐ DELETE	3.1 TITLE -		☐ Change ☐ Addition
NAME	APPLE, JOSEPH V		3.2 NAME		
STREET ADDRESS	7616 UNIVERSITY GARDENS D	OR .	3.3 STREET ADDRESS		
CITY-\$T-ZIP	WINTER PARK FL 32792		3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Didden
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		C Delete	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS	l		0.3 3 IREE I ALVURESS		

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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

407-228-4400