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PROFIT CORPORATION ANNUAL REPORT

1997

CITY SI 70°

SIGNATURE:

Information indicated on this annual re I am an officer or director of the corpo appears in Block 12 or Block 13 if cha



FLORIDA DEPARTMENT OF STATE

FILED

Mar 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047312 (2)

TECHNOLOGY TRANSFER, RESEARCH AND EDUCATION, INC

Principal Place of Business Mailing Address 9307 NW 12TH PLACE 9307 NW 12TH PLACE GAINESVILLE FL 32608-5590 GAINESVILLE FL 32606 3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1993 01/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3192296 Not Applicable 26 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country $Z_{\rm RI}$ Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name ZAZUETA, FEDRO S 9307 NW 12TH PLACE Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32606** 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE DATE Signature type componled name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE ☐ Change Addition TITLE 1.1 TITLE AUDIRAC-ZAZUETA, IVONNE NAME 12 NAME 9307 NW 12 PL 1.3 STREET ADDRESS STREET ADDRESS GAINESVILLE FL DITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change ☐ Addition THILE VST zazueta, fedro s. 2.2 NAME NAM? 9307 NW 12 PL STREET ADDRESS 2.3 STREET ADDRESS GAINESVILLE FL 2. 4 CITY - ST- ZIP CITY ST-ZIE DELETE Change Addition TIT.E 3.1 TITLE 3.2 NAME NAME **3.3 STREET ADDRESS** STREET ADDRESS 3 4. CITY-ST-ZIP CITY ST-74 DELETE 41 TITLE Change ☐ Addition THEE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADJRESS 4.4 CITY - ST - ZIP CUTY-ST-ZIF DELETE Change Addition TITLE 5.1 TITLE NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZiP CHY-ST-ZIP Addition DELETE 6.1 TITLE Change 7116 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS

6.4 CITY-ST-ZIP

supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or the occiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do 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 of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under