## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P93000064626 (3) **DOCUMENT #** 

| STRAIGHT | HD | TECHNOL | <b>NGY</b> | INC. |  |
|----------|----|---------|------------|------|--|

| SINAIC                          | AFIT OF TECHNOLOGY, II   | 10.                         |   |           |                   |              |                |   |                     |                       |                                     |
|---------------------------------|--|-----------------------------|---|-----------|-------------------|--------------|----------------|---|---------------------|-----------------------|-------------------------------------|
| Principal Place                 | of Business  | Mail                        | ing Address                                 |           |                   |              |                |   | ili Bassi Abina bir |                       | ( 1 <b>1919 B</b> (1) ( <b>89</b> ) |
| 1044 GODFR<br>SPRING HILL       |  |                             | 044 GODFREY AVEN<br>PRING HILL FL 3460      |           |                   |              |                |   |                     |                       |                                     |
|                                 |  |                             |   |           |                   |              | 3              | <ul> <li>Date Incorporated or Qualified<br/>09/10/1993</li> </ul> |                     | of Last Re<br>/01/199 |                                     |
| 2. Principa! Pla                | ace of Business  | 2a.                         | Mailing Address                             |           |                   |              | 4              | I. FEI Number   |                     | <b>├</b>              | Applied For                         |
| 21                              |  | 26                          |   |           |                   |              |                | 59-3199964  |                     |                       | Not Applicable                      |
| Suite, Apt. 4                   | #, etc.  | 27                          | Suite, Apt, #, etc.                         |           |                   |              | 5              | Certificate of Status Desired                                     |                     |                       | Additional<br>Required              |
| City & State                    |  |                             | City & State                                |           |                   |              | 6              | 6. Election Campaign Financing                                    |                     | \$5.0                 | May Be                              |
| 23                              |  | 28                          |   |           |                   |              |                | Trust Fund Contribution   |                     |                       | to Fees                             |
| Zip                             | Country  |                             | Zíp   | _         | untry             |              | 8              | This corporation has liability for Florida Statutes               |                     | x under s             | 199.032,                            |
| 24                              | 9. Name and Address of Curr  | 29 ent Registe              | ered Agent                                  | 30        | 1                 |              |                | ). Name and Address of New  |                     | Agent                 |                                     |
|                                 | 9. Name and Address of Cult  | ent riogist                 | orod rigorit                                |           | 81                | Name         |                |   |                     |                       |                                     |
| DEPETE                          | RILLO, DEBORAH   |                             |   |           | 82                | Street       | Address (      | P.O. Box Number is Not Accept                                     | able)               |                       |                                     |
| 1044 G                          | ODFREY AVENUE  |                             |   |           | 83                |              |                |   |                     |                       |                                     |
| SPRING                          | i HILL FL 34609  |                             |   |           | 03                |              |                |   |                     |                       |                                     |
|                                 |  |                             |   |           | 84                | City         |                | <del></del>   | FL                  | 85 Zı                 | o Code                              |
| l or maintar                    | to the provisions of Sections 607.05<br>ed agent, or both, in the State of FI<br>th, and accept the obligations of, Se | orida. Such<br>ection 607.0 | change was authori<br>0505, Florida Statute | zea ov me | corp              | oradon s     | s Board of     | directors. Thereby accept the di                                  | oppointment as      | registered            | l agent. I am                       |
|                                 | Signature, typed or printed name of registered at OFFICERS /   |                             |   | 13.       | id Ager           | ni signature | recjoired whei | ADDITIONS/CHANGES TO O  |                     | DIRECTO               | RS IN 12                            |
| 12.                             | D  | AND DIVLO                   | DELETE                                      |           | TITLE             |              | T              |   |                     | Change                | Addition                            |
| NAME                            | DEPETRILLO, DEBORAH  |                             | <del></del>                                 | 1.21      | NAME              |              |                |   |                     |                       |                                     |
| STREET ADDRESS                  | 1044 GODFREY AVENUE  |                             |   | 1.3       | STREET            | ADDRESS      |                |   |                     |                       |                                     |
| CITY-ST-ZIP                     | SPRING HILL FL 34609   |                             |   | 1.4       | CITY - S          | ST - ZIP     | <u> </u>       |   | · ·                 |                       |                                     |
| TITLE                           |  |                             | DELETE                                      | 2.1       | TITLE             |              |                |   | Ł                   | Change                | ☐ Addition                          |
| NAME                            |  |                             |   |           | NAME              |              |                |   |                     |                       |                                     |
| STREET ADDRESS                  |  |                             |   |           |                   | T ADDRESS    |                |   |                     |                       |                                     |
| C(1Y - ST - ZIF                 |  |                             | DELETE                                      |           | CITY - S<br>TITLE | ST-ZIP       | +              |   | . [                 | Change                | Addition                            |
| TITLE                           |  |                             | C precie                                    | 1         | NAME              |              | 1              |   | •                   |                       |                                     |
| NAME<br>CIDECT ADDRESS          |  |                             |   |           |                   | T ADDRESS    | 5              |   |                     |                       |                                     |
| STREET ADDRESS  CITY - ST - ZIP |  |                             |   |           |                   | ST-ZIP       | [              |   |                     |                       |                                     |
| TITLE                           |  |                             | DELETE                                      | 4 1       | TITLE             |              |                |   |                     | Change                | Addition                            |
| NAME                            |  |                             |   | 4.2       | NAME              |              |                |   |                     |                       |                                     |
| STREET ADDRESS                  |  |                             |   | 4.3       | STREE             | T ADDRESS    | ;              |   |                     |                       |                                     |
| City-St-ZiP                     |  |                             |   |           |                   | ST-ZIP       | <del> </del>   |   |                     | ☐ Change              | ☐ Addition                          |
| TITLE                           |  |                             | ☐ DEFE1E                                    |           | TITLE             |              | 1              |   | 1                   |                       | FT Pageston                         |
| NAME                            |  |                             |   |           | NAME              |              |                |   |                     |                       |                                     |
| STREET ADORESS                  |  |                             |   |           |                   | T ADDRESS    | ·              |   |                     |                       |                                     |
| CITY-S1-ZIP                     |  |                             | E SELETE                                    |           |                   | ST-ZIP       |                |   |                     | [7] Change            | Addition                            |
| TITLE                           |  |                             | ☐ DELETE                                    |           | TITLE             |              |                |   | 1                   |                       |                                     |
| NAME                            |  |                             |   |           | NAME              |              |                |   |                     |                       |                                     |
| CEDELL VUUDECC                  | 1  |                             |   | ■ 6.3     | STREE             | 1 ADORESS    | ì              |   |                     |                       |                                     |

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). Fiorida 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 18 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Date

Date

6 4 CITY-ST-ZIP

CR2E034 (12/95)