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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000053400**1. Corporation Name

TECHNOLOGY ALLIANCES GROUP, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90038 020 ***150.00

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TAMPA FL 33634 TAMPA FL 33634										
						3. Date Incorporated or Qualifed 07/15/1994	· .	;		
2. Principal P	Place of Business	2a. Mailing A	Address			4. FEI Number		Appl	lied For	10
21		26				59-3340760		Not.	Applicable	50 50
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			5. Certifcate of Status Desired			Iditional	18
22		27				3. Certificate of Status Desired	F-	ee Req	uired	j
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23	*	28				Trust Fund Contribution	Ac	ded to	Fees	l
Zip	Country	Zip	_	Country		8. This corporation owes the curr	• =		_	
24	25	29	3	10		Personal Property Tax.	☐ Ye:	s L	□No	l
	9. Name and Address of Cur	rrent Registered Age	ent		r	10. Name and Address of New F	Registered Agent			l
VAVEE	ESE, PATRICIA C	es at		81	Name					l
	3 W WATERS AVE	45 1 1		82	Street Addr	ress (P.O. Box Number is Not Accepta	able)		***	l
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	AND THE SECOND S				1					
44 5	to the provisions of Sections 607.0	0502 and 607.1508, F	lorida Statutes	the above	a-named corn	poration submits this statement for the	purpose of changi	ng its re	egistered stered	
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the oblam			s, the above	e-named corp	poration submits this statement for the on's board of directors. I hereby accept	purpose of changi of the appointment	ng its regi	egistered stered	
11. Pursuant office or r agent. I a	am familiar with, and accept the ob		607.0505, Florid	s, the above horized by da Statutes	e-named corp the corporation			ng its regi	egistered stered	
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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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP