

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000077007 (0)

1. Corporation Name

THE TECHNOLOGY TEAM, INC.



Principal Place of Business

Mailing Address

901 CHESNUT ST.
SUITE A
CLEARWATER FL 34616

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SUITE A
CLEARWATER FL 34616

3. Date Incorporated or Qualified
10/14/1994

3a. Date of Last Report
08/01/1995

4. FEI Number
59-3272033

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUCKETT, DAVID W
901 CHESNUT ST.
SUITE A
CLEARWATER FL 34616

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 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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when registering)

D-11

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME DUCKERT, GREG
STREET ADDRESS 901 CHESNUT ST.
CITY-ST-ZIP CLEARWATER FL 34616 ☒ DELETE

11 TITLE VP
12 NAME VICTOR CARUSO ☐ Change ☒ Addition
13 STREET ADDRESS 901 CHESNUT STREET
14 CITY-ST-ZIP CLEARWATER, FL 34616

TITLE ST
NAME GAUSE, KIMBERLY
STREET ADDRESS 901 CHESNUT ST.
CITY-ST-ZIP CLEARWATER FL 34616 ☒ DELETE

21 TITLE SECRETARY
22 NAME ROARSON, LEONARD
23 STREET ADDRESS 901 CHESNUT STREET, SUITE A
24 CITY-ST-ZIP CLEARWATER, FL 34616 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

31 TITLE DIRECTOR
32 NAME PETER R. BOYDEN
33 STREET ADDRESS 901 CHESNUT STREET
34 CITY-ST-ZIP CLEARWATER, FL 34616 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

41 TITLE DIRECTOR
42 NAME DORIAN FIRENZA
43 STREET ADDRESS 901 CHESNUT STREET
44 CITY-ST-ZIP CLEARWATER, FL 34616 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96 (815) 298-0411

CR2E034 (3/96)