## 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 # P9400083232

1. Corporation Name

	EY JECHNOLOGIES, INC.						
Principal Plac	e of Business	Mailing Address			-	II TOUT BRIST TATAN ILIUS ILOOK I	
426 HENKEL CIRCLE P. O. BOX 3314 WINTER PARK FL 32789 WINTER PARK FL 32790							
US		U\$				E IN THIS SPACE	
					3. Date Incorporated or Qualifed 11/10/1994		
<u> </u>	tace of Business	2a. Mailing Address			4. FEI Number		lied For
21		26	•		65-0535339		Applicable
		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
- · · · · · · · · · · · · · · · · · · ·		27	Stata			Fee Req	
		City & State	y & State		6. Election Campaign Financing	□ \$5.00 M	
23     28			Country		Trust Fund Contribution	Added to	rees
Zip	25	'	30		This corporation owes the curre     Personal Property Tax.		∃No
24	9. Name and Address of Current		30		10. Name and Address of New Re		
	5. Name and Address of Current	. registered Agent	81	Name	10. Hame and Fadicas of Now I	ogiocolos regone	
	SCHT, STUART E HENKEL CIR		82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)	
WINTER PARK FL 32789		83		<ul> <li>Control of the property of the pr</li></ul>		100 g ( ) ( ) (100 g	
	21.77411.72 32,33		63		一一一一点的图像 歸傳		Exemple:
			84	City		FL 85 Zip Ci	ode
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was at	uthorized by tl	-named corpo he corporation	ration submits this statement for the p n's board of directors. I hereby accept	ourpose of changing its regions the appointment as regi	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent	signature required	when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONOLOUANIOES TO SEE	ICERS AND DIRECTOR	
TITLE	_	DINLOTORO	10.		ADDITIONS/CHANGES TO OFF	IOLINO AND DINEOTO	RS IN 12
	P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF	Change	Addition
NAME	P Kirscht, Cristina Bacar		_				
NAME STREET ADDRESS	•		. 1.1 TITLE	ADDRESS			
	KIRSCHT, CRISTINA BACAR		. 1.1 TITLE 1.2 NAME				
STREET ADDRESS	KIRSCHT, CRISTINA BACAR 426 HENKEL CIRCLE		1.1 TITLE 1.2 NAME 1.3 STREET /				
STREET ADDRESS CITY-ST-ZIP	KIRSCHT, CRISTINA BACAR 426 HENKEL CIRCLE	. DELETE	. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST-			[ ] Change	☐ Addition
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Thereby 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90057 026 \*\*\*150.00