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 # P9400090634

Corporation Name

SEAGULL	. TECHNOLOGIES, INC.								28:18 81138 1	INC 4141 7842
Principal Place	of Rusiness	Mailing Address			 {			III bo ah bo ha 1	ISH ODIIS OMBOLI	(())) (111
•		P OBOX 270473			1					
PO BOX 270473 P OBOX 270473 TAMPA FL 33624-3067 APT 2003				DO NOT WOLLE IN T					CDACE	
US	TAMPA F. 33688-0473				1	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
		US			1	•	ted of Quanted	l		}
0	(D	2a. Mailing Address				2/15/1994 El Number			Ann	lied For
	ACE OF BUSINESS REGRINE'S PERCH PLACE	26 P. O. Box 27	70473	7		9-32 <u>896</u> 79	ı		<u> </u>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			1011_			,			\$8.75 A	
22 SWITE 312 27				<u></u>	<u>-5</u> C	ertifcate of St	atus Desired		Fee Rec	uired
City & State		City & State			6. E	ection Campa	aign Financing		\$5.00	/lay Be
23 LUTZ.	FL	28 TAMPA, FI			Tı	ust Fund Cor	ntribution		Added to	Fees
Zip	Country	Zip	Country		, 8. TI	•	n owes the cut	rent year Inta		.
24 33549	7 25 Hillsborough	29 33688-0473 3	0 #1/66	poroug		ersonal Prope	orty Tax.	Posistored /		No
	9. Name and Address of Current I	Registered Agent	81	Name	10. N	ame and Ad	aress of New	Registered A	- Gent	
WOLFE, LARRY										
200 - A JOHN KNOX RD			82	Street Add	dress (P.O	. Box Numbe	r is Not Accept	table)		
TALLAHASSEE FL 32303-6643			83			<u> </u>				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
		•	84	City				FL	85 Zip C	ode
10 to 200 and 600 4500 Florida Statutes the obey according submits this statement for the number of changing its registered										egistered
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-limited corporation submitted the provisions of Sections 607.0502 and 607.1506, Florida Statutes, 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.									istered	
-	III Iamiliai Willi, and accept the obligate	3112 01, 0000011 007.00001 1 10112								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent	signature requi				DATE	5 BIDEOTO:	20.101.42
12.	OFFICERS AND		13.	1=		DITIONS/CH	ANGES TO O	FFICERS AN	D DIRECTOR	Addition
TITLE	D	☐ DELETE	1.1 TITLE	D		n. 77 a	(CD E		Michange	
NAME	PEARSON, ROGER E	INT AND	1.2 NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EARS	24, RO	rine's F	ERCH P	L. APT	312
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CITY-ST-ZIP	TAMPA FL	☐ DELETE	1.4 CITY-ST- 2.1 TITLE	ZIP II-		FC.	<i>555</i> 7		Change	Addition
TITLE	D DEDET MANUEL	C Deterie	2.2 NAME	<u> </u>	~~ ~	, MANI	XEL_		_	_
NAME	PÉREZ, MANUEL - 3612 CARROLLWOOD PL. CIR., .	ATD::107	2.3 STREET A	ADDRESS 1	BIOL	PEREG	RINE'S	PERCHI	PL., . A.p	⊤.312
STREET ADDRESS	TAMPA FL	AIT - 107	2.4 CITY-ST-	-71P	ムヤス	FL	3354	G		
CITY-ST-ZIP TITLE	TAMPA PL	☐ DELETE	3.1 TITLE						Change	☐ Addition
NAME			3.2 NAME			•				
STREET ADDRESS	•		3.3 STREET A	ADDRESS						1
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CITY-ST-ZIP			4.4 CITY-ST-	ZIP					Ch	Addition
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	STRUME FOR STRUKE	C) DETERE	6.2 NAME							
NAME (U)			6.3 STREET	ADDRESS						Ì
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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 on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE

IGITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, LEARSON

15/99 813-264-90

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90021 027 ***150.00

Daytime Phone #

-CR2F034 (11/9