## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000003762 (8)

TECHNOLOGY INTEGRATED CORPORATION

Mailing Address Principal Place of Business 244 GREENBRIAR DR. 244 GREENBRIAR DR LAKE PARK FL 33403-2726 LAKE PARK FL 33403-2726 U\$ 3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1995 04/18/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0548642 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country  $Z_{\rm IP}$ This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATI. VICTOR A 244 GREENBRIAR DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE PARK FL 33403-2726 63 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 progrations of, Section 607,0505, Florida Statutes. SIGNATURE rict tile if appricable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE PATI, VICTOR A NAM 1.2 NAME 244 GREENBRIAR DR. STREET ADDRESS 13 STREET ADDRESS LAKE PARK FL 33403-2726 1.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition TIT! E 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Channe Addition THILE 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CiTY-ST-ZiP 5.4 CITY-ST-ZIP DELETE Change 61 TITLE Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 DITY-ST-ZIP CHTY-SI-ZIP

SIGNATURE:

GNATURE AND THE DOFF PRINTED NAMES &

appears in Block 12 or Block 13 if changed or on an attachment with an address.

PRESIDENT

14. I do hereby certify that the information supplied with this filling 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

1/18/97

561-863-5795

**FILED** 

Jan 24 1997 8:00am

Secretary of State

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