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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

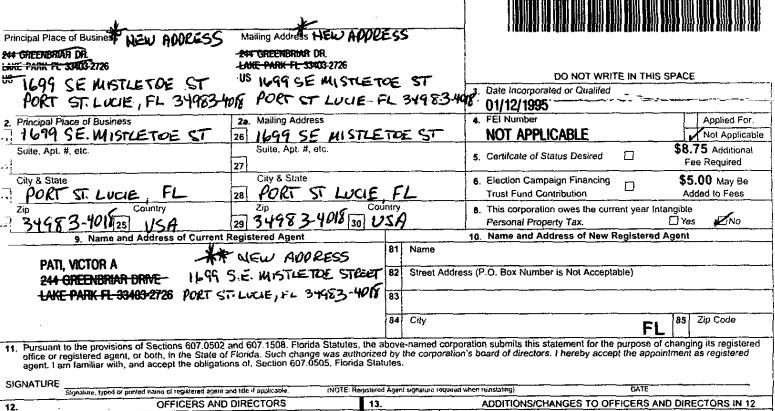
## DOCUMENT # P95000003762 1. Corporation Name

TECHNOLOGY INTEGRATED CORPORATION

Katherine Harris Secretary of State

	$\mathbf{F}$	ILED	)	
May	30,	2000	8:00	am
			f State	

05-30-2000 90036 022 \*\*\*150.00



SIGNATURE 12. ☐ DELETE Change ☐ Addition 1.3 TITLE TITLE NEW ADDRESS 1 2 NAME PATI, VICTOR A NAME 1.3 STREET ADDRESS 1699 S.F. WISTLETCE STREET 244 GREENBRIAN DR. STREET ADDRESS PORT ST. LUCIE, FL 34983-4018 LAKE PARK FL 30400-2720 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE J. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE Change Addition TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

1299 (561)344-9944