

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1999 2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 30, 2000 8:00 am  
Secretary of State

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

DOCUMENT # P95000003762

1. Corporation Name

TECHNOLOGY INTEGRATED CORPORATION



Principal Place of Business \* NEW ADDRESS Mailing Address \* NEW ADDRESS

244 GREENBRIAR DR.  
LAKE PARK FL 33403-2726

244 GREENBRIAR DR.  
LAKE PARK FL 33403-2726

US 1699 SE MISTLETOE ST  
PORT ST. LUCIE, FL 34983-4018

US 1699 SE MISTLETOE ST  
PORT ST. LUCIE, FL 34983-4018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1699 SE MISTLETOE ST

2a. Mailing Address

1699 SE MISTLETOE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

Zip Country

34983-4018 25 USA

Zip Country

34983-4018 30 USA

9. Name and Address of Current Registered Agent

PATI, VICTOR A

244 GREENBRIAR DRIVE  
LAKE PARK FL 33403-2726

\*\* NEW ADDRESS  
1699 S.E. MISTLETOE STREET  
PORT ST. LUCIE, FL 34983-4018

3. Date Incorporated or Qualified

01/12/1995

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PATI, VICTOR A

STREET ADDRESS 244 GREENBRIAR DR.  
CITY-ST-ZIP LAKE PARK FL 33403-2726

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME \* NEW ADDRESS

1.3 STREET ADDRESS 1699 S.E. MISTLETOE STREET

1.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34983-4018

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Victor A. Pati  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

(561) 344-9944