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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000007330

SOCARRAS TECHNICAL CONSULTING, INC.

Principal Place of Business Mailing Address								
701 W. PINEWO	OOD CT.	701 W. PINEWOOD CT.						
LAKE MARY FL 32746 LA		LAKE MARY FL 32746	LAKE MARY FL 32746			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						01/26/1995		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21	1250 01 25511.000	26				59-3291152	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.7	5 Additional	
22		27				5. Certifcate of Status Desired Fee	Required	
City & State		City & State				6. Election Campaign Financing \$5.0	May Be	
23		28				Trust Fund Contribution Adde	d to Fees	
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax. Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		241		10. Name and Address of New Registered Agent		
000	ADDAC EEDODA			81	Name		ļ	
SOCARRAS, FEDORA 701 W PINEWOOD CT				82	Street Add	Address (P.O. Box Number is Not Acceptable)		
	E MARY FL 32746							
LAN	E MART FL 32/40			83			İ	
				84	City	₽∎ 85 Z	ip Code	
				<u> </u>		FL ⁶³	N	
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statu e of Florida, Such change was	ites, the a	above- d by ti	named cor he corporat	rporation submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment as	registered [
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Stat	tutes.		- J	_	
SIGNATURE	Tederal for	auco Fe	40 CO	<u> </u>	الانعاه	ras 4/26/99		
40	Signature, typed or printed name of registered ag		E. Registere 13.	d Agent	signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12	
12.	D OFFICERS A	ND DIRECTORS	1.1 T	me		resident [Dohan		
TITLE	SOCARRAS, ANGEL			AME	\ `.	Annel E. Socarras	-	
NAME	TO IN BINEHOOD OF				ADDRESS 7	Angel E. Socarras 101 W. Pinewood Ct.	1	
STREET ADDRESS	LAKE MARY FL 32746		1 1	ITY-ST-		akettlary, FL 32746	1	
CITY-ST-ZIP TITLE	LAKE MART PL 32170	☐ DELETE	2.1 T		ZIP	Chan	ge Addition	
		-	2.2 N			_		
NAME					ADDRESS			
STREET ADDRESS		•		CITY-ST			Į	
TITLE		☐ DELETE	3.1 T		- 217	Chan	ge Addition	
NAME			3.2 N		1	-		
STREET ADDRESS	ļ				ADDRESS		Į	
				CITY-ST				
CITY-ST-ZIP TITLE	 	☐ DELETE		TILE		☐ Chan	ge Addition	
NAME			4,21	VAME			}	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-ST-	1		ļ	
TITLE		☐ DELETÉ	5.1 T			☐ Chan	ge	
NAME	Ì	-		IAME	}			
STREET ADDRESS			5.3 9	TREET	ADDRESS		1	
CITY-ST-ZIP	1				1		1	
TITLE			5.4 C	ITY-ST-	ZIP			
		☐ DELETE	5.4 C 6.1 T		ZIP	☐ Chan	ge Addition	
NAME		☐ DELETE	6.1 T		ZIP	☐ Chan	ge Addition	

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.

6.4 CITY-\$T-ZIP



FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90165 028 ***150.00