FILED Apr 23, 1999 8:00 am Secretary of State

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## 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

<ol> <li>Corporation</li> </ol>	IUM TECHNOLOGY, INC.	JU985 I					
Principal Place of Business Mailing Address					( 100(100)    10 (0)    10	#811 <b>4</b>   <b>8</b> 181   1911	9; 6;iêi (ini iani
4409 OLD WINTER GARDEN RD 4409 OLD WINTER GARDEN RD ORLANDO FL 32811 ORLANDO FL 32811			D				
					DO NOT WRITE IN THIS	SPACE	<del></del>
	the first of the second	, · · · ·			3. Date incorporated or Qualifed 01/31/1995		
2. Principal Pl	2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For
21 26					59-3337696		Not Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional Required
22 27 27							
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	•	May Be
23	Country	Zip	Country		<del></del>		101663
Zip	25	29 30	¬ .		<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>	Yes	□No
24	g. Name and Address of Current	_ <del> </del>	<del>''                                   </del>		10. Name and Address of New Registered		
-	g. Hallis alta Addioss of California	Trogioto, do rigoti.	81	Name			
HUNTER, KIM					(0.0.0		
4409 OLD WINTER GARDEN RD			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32811			83				
						- P:-1	
			84	City	FL	85 Zip	Code
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS ANE	and title if applicable. (NOTE: Rec	a Statutes.	·	on's board of directors. I hereby accept the appo		<u></u>
12.	D OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	HUNTER, KIM		1.2 NAME			<b>-</b>	_
NAME	4409 OLD WINTER GARDEN RD	1	1.3 STREET	ADDDESS			
STREET ADDRESS	ORLANDO FL 32811		1.4 CITY-ST				
CITY-ST-ZIP			2.1 TITLE	1-211		[ ] Change	e _ ☐ Addition
NAME	WALLACE, DERRICK	, <u>, , , , , , , , , , , , , , , , , , </u>	2.2 NAME	1	and the second s	•	
i	4409 OLD WINTER GARDEN RD	,	2.3 STREET	ADDRESS			ľ
STREET ADDRESS	ADLINDA EL SOLI		2.4 CITY-S	ĺ			ľ
CITY-ST-ZIP TITLE	D	☐ DELETE	3.1 TITLE	1-201		Change	e
NAME	WILLIAMS, KEITH		3.2 NAME			_	
	4409 OLD WINTER GARDEN RD		3.3 STREET	ADDRESS			j
STREET ADDRESS	ORLANDO FL 32811		3.4. CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			Change	e
NAME	•		4.2 NAME			· -	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY+S	1			Ì
TITLE		☐ DELETE	5.1 TITLE			Change	e Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	r-ZIP			
UITT-UITE		— — — — — — — — — — — — — — — — — — —	6 1 TITLE			Change	Δddition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS