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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9500020218 (0)

1. Corporation Name TECHNOLOGY BAY CORPORATION					
Principal Place	of Business	Mailing Address		i dii Bili ii bi libi ii Bilist kalili Amilii i	Marit Abrita trair Maird erade probes tore empr
2564 14TH A LARGO FL 3		2564 14TH AVE. S.W. LARGO FL 34640-4334			
				3. Date Incorporated or Qualified 03/10/1995	3a. Date of Last Roport
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country 30	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Re	gistered Agent
	.=		81 Name		
BAERG,			82 Street Addr	ess (P.O. Box Number is Not Acceptable	9)
	ITH AVE. S.W. FL 34640-4334		83		
DANGO	FL 04040-4304				ac Za Cada
			84 City		FL 85 Zip Code
familiar wit	h, and accept the obligations of, \$ Signature, typed or printed name of registered.	Section 607,0505, Florida Statutes.	E: Registered Agent signature require	rd of directors. I hereby accept the appo	DATE
12.	OFFICENS	S AND DIDECTORS	12	ADDITIONS/CHANGES TO DEEK	CERS AND DIRECTORS IN 12
		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12 Change: Addition
NAME			1. 1 TITLE	OHN BAERG	☐ Change: Addition
			1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	OHN BAERG 664. 14TH AV. SI	☐ Change: ☐ Addition
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4. I do hereby certify that the information supplied with this illing is volcitally 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, oyon an attachment with an address.

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

DAERG

25 APR 1996

(13)579.050

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