**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500060688

1. Corporation Name

ETB TECHNOLOGIES, INC.

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 9001 5 035 ***1 58 75



Principal Place of Business Mailing Address		i					
3 SPEEN ST 8240 NW 52 TERR SUITE 200 #500 FRAMINGHAM MA 01701 MIAMI FL 33166				DO NOT WRITE IN THIS SPACE			
US	us			3. Date Incorporated or Qualifed 08/04/1995			
Principal Place of Business     2a. Mailing Address				4. FEI Number	Applied For		
21	26			<u>59-3328630</u>	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired \$8.75 Additiona Fee Required			
City & State City & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees			
Zip Country 24 25	Zip Co 29 30	untry	,	<ol><li>This corporation owes the current year In Personal Property Tax.</li></ol>	itangible □ Yes <b>⊠</b> No		
9. Name and Address of Curr		10. Name and Address of New Registered Agent					
			Name				
B&C CORPORATE SERVICES OF CENTRAL FL.,INC. 390 NORTH ORANGE AVENUE		82	Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 1100 ORLANDO FL 32801		83					
			City	Fl			
<ol> <li>Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the obl</li> </ol>	ate of Florida. Such change was authorize	d by	the corporation	ation submits this statement for the purpose of s board of directors, I hereby accept the appo	f changing its registered pintment as registered		
SIGNATURE Signature, typed or printed name of registered	agent and title if emiscable (NOTE: Registers	d Agen	nt signature required w	hen reinstating) DATE	<del></del>		
alguatore, typed or printed harrie or registered	agont one and a approache. (No FEL Tragition						

SIGNATURE		NOTE D	aistand Acont signature r	equired when reinstating) DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	DVP	DELETE	1.1 TITLE	DVP	Change	Addition	
NAME	WHITE, ROBYN A		1.2 NAME	Alliacod, Robyn A.			
STREET ADDRESS	% 101 SOUTHHALL LANE, SUITE 125		1.3 STREET ADDRESS	Alligood, Robyn A. 101 Southhall Lane, Suite 125			
	MAITLAND FL 32751		1.4 CITY-ST-ZIP	Haitland, Fl. 32751			
CITY-ST-ZIP	DVP	☐ DELETE	2.1 TITLE	D	Change	Addition	
NAME	HICKS, KEITH Q			Hill Borocky A.			
	% 101 SOUTHHALL LANE, SUITE 125		2.3 STREET ADDRESS	Hill, Bererly A. 101 Southhall Lane, Suite 125			
STREET ADDRESS	MAITLAND FL 32751		2.4 CITY-ST-ZIP	Haitland, Fl. 30751	-	l	
CITY-ST-ZIP TITLE	n n	☐ DELETE	3.1 TITLE	PD PD	☐ Change	Addition	
	ALLICOOD DANDALL M		3.2 NAME	Mitchell, Donna		,	
NAME )	ALLIGOOD, RANDALL M		3.3 STREET ADDRESS	101 Southhall Lane, Suite 125		Ì	
STREET ADDRESS	% 101 SOUTHHALL LANE, SUITE 125		3.4. CITY-ST-ZIP	Haitland, Fl. 3275)			
CITY-ST-ZIP	MAITLAND FL 32751	☐ DELETE	4.1 TITLE	DVPT	☐ Change	Addition	
TITLE	D MUUTE ODEOODY O	- Secric					
NAME	WHITE, GREGORY G		4. 2 NAME	Garcia, Julie I.			
STREET ADDRESS	% 101 SOUTHHALL LANE, SUITE 125		4.3 STREET ADDRESS	101 Southhall Lane, Suite 125			
CITY-ST-ZIP	MAITLAND FL 32751	C prieve	4.4 CITY-ST-ZIP	Haitland, Fl. 32751	Change	☐ Addition	
TITLE	DVP	☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME	SABACINSKI, DIANA		5.2 NAME	, ,			
STREET ADDRESS	% 101 SOUTHHALL LANE, SUITE 125		5.3 STREET ADDRESS				
CITY-ST-ZIP	MAITLAND FL 32751		5.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE		Change	☐ Addition i	
NAME	WHITE, BEVERLY		6.2 NAME				
STREET ADDRESS	% 101 SOUTHHALL LANE, SUITE 125		6.3 STREET ADDRESS				
CITY ST. 7ID	MAITI AND EL 32751		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:

Daytime Phone #