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

PROFIT CORPORATION ANNUAL REPORT

1999



NUORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90202 048 ***150.00

DOCUMENT # P95000076726 1. Corporation Name

TRITHEIM TECHNOLOGIES, INC.

Principal Place	e of Business	Mailing Address				11 1441
'		101 W. COURT STREET. #16				
		TARPON SPRINGS FL 34689				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				DO NOT WRITE IN TI	IIS SPACE	
				3. Date Incorporated or Qualifed		J
				10/06/1995		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied F	-ог
21		26 ONE POST R	0A0	<u>59-3340980</u>	Not Applie	icable
Suite, Art.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Acdition	1
22		27		5. Certificate of Status Desired	Fee Required	i
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May B	3е
23		28 FAIRFIELD.	CT	Trust F and Contribution	Added to Fees	s
Zip	Coun ry		ountry	8. This corporation owes the current year	Intangible	
24	25	29 06430 30		Person al Property Tax.	Yes []No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	e i Agent	
			81 Name			
POSTELWAITE, MARC			20 04-1	(D.O. Day Number in Not Accordable)		
101 W. COURT STREET, #16			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		ļ
T188011 0881100 FL 04000			83		· 	
			84 City		85 Zip Code	
		1007 (500 5) 11 0				ored
l office or re	egistered agent, or both, in the State c	of Florida. Such change was authoriz	zed by the corporation	oration submits this statement for the purpose on's board of cirectors. I hereby accept the ap	pointment as registere	d
agent. ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida St	tatutes.	•		1
SIGNATURE						(
	Signature, typed or printed na ne of registered agent		red Agent signature require		ND DIDECTORS IN	12
12.	OFFICERS AND		3.	ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	PC	_	TITLE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	' <u>-</u>	Acriange 🗆	Addition
NAME	POSTLEWAITE, W MARC	1.2	ZNAME 🔼 TV	VARC POSTLENAME		
STREET ADDRESS	262 S. BEACH DRIVE	1.3	STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689		4 CITY-ST-ZIP			
TITLE	V	☐ DELETE 2.1	ITITLE 54		☐ Change ☐ A	Addition
NAME	VOGEL, KIM J	2.2	NAME			
STREET ADDRESS	417 INNESS DRIVE	2.3	STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689		4 CITY-ST-ZIP			
TITLE	1			D	☐ Change	Addition
NAME	POOLE. VINCE	• •	1	JAMES J. WELL	, ,	ļ
	13508 IRONTON DRIVE		STREET ADDRESS (5)	ME POST ROAD		
STREET ADDRESS			I _	FAIRFIELD, CT 06430		
CITY-ST-ZIP	TAMPA FL 33626				Change X	Addition
TITLE	S CTEDUEN	V *	2 NAME	.0	_ , ,	,
NAME	EWALO, STEPHEN		A	INTODIO L. DELISE		
STREET ADDRESS	3612 WEST GRANADA ST		3 STREET ADDRESS	ME POST ROAD		
CITY-ST-ZIP	TAMPA FL 33629		4 CITY-ST-ZIP	AIRFIELD CT 0643	- 	A Juliata -
TITLE	D	<i>,</i> '	1 TITLE	·	☐ Change ☐ #	Addition
NAME	MATTHEWS, WAYNE	5.2	2 NAME			į
STREET ADDRESS		5.3	3 STREET ADDRESS			j

ST PETERSBURG FL 33702-3944 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further sertify that the irformation 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 attactment with an address, with all other the empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TARPON SPRINGS FL 34689

8950 NINTH STREET NORTH

MELLEM, KEN

DELETE

CR2E034 (11/98)

Addition

☐ Change