Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90072 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000084951

1. Corporation Name

Principal Place of Business

TECHNOLOGY MANAGEMENT INCORPORATED

ANDY BEDDO 5892 SUNDAN JUPITER FL 3 US		AMDU BEDDOME. TECHNOLOGY MANAGEMENT INC 5892 SUNDANCE CT JUPITER FL 33458 US			GEMENT INC	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/02/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21	in the second					65-0626456	- No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			Ç.				\$8.75	
22 27						5. Certificate of Status Desired	Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00	May Po
23	28					Trust Fund Contribution	Added t	
Zip	Country	Country Zip Country				8. This corporation owes the current year	Intangible	
24	25 29 30			,		Personal Property Tax.	Yes	■No
124	9. Name and Address of Curren		130	Т-		10. Name and Address of New Register	ed Agent	
	2. Hand and Manage & Autten			81	Name			
ANI	DY BEDDOME, TECHNOLOGY MA	N I						
5892 SIMDAMCE CT JUPITER FL 33458				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
				83				
				"				
}				84	City		85 Zip C	Code
L				نب		pration submits this statement for the purpose		
agent. I	am familiar with, and accept the obligat	tions of, Section 607.050)5, Florida Sta	itutės.	t signature required	n's board of directors. I hereby accept the ap		<u></u>
12.	OFFICERS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PTSD DELETE		TE 1.1	TITLE			☐ Change	Addition
NAME	BEDDOME, ANDY T		1.2	NAME	,			
STREET ADDRESS	TARE OF BUILDINGS OF		1.3	STREET	ADDRESS			
CITY-ST-ZIP	JUPITER FL 33458			- CITY-ST				
TITLE	70,112,12,00,10	☐ DELE		RTLE		<u> </u>	Change	Addition
NAME				NAME				
STREET ADDRESS					ADDRESS			
						· -		
CITY-ST-ZIP		☐ DELE		CITY-S	1-211		Change	☐ Addition
} '-	}	_ 021.	1	NAME	}			_
NAME					1000000	•		
STREET ADDRESS	9		1		ADDRESS			
CITY-ST-ZIP		□ DELE		CITY-S	I-ZIP		Change	[] Addition
ITILE		□ Delle			-			
NAME				NAME				
STREET ADDRESS	S .				ADDRESS		,	
CITY-ST-ZIP				CITY_ST	-ZIP			
TITLE						<u></u>		
NAME		☐ DELE		IIITE			☐ Change	Addition
		□ DELE	5.21	TITLE NAME			☐ Change	Addition
STREET ADDRESS	3	□ OELE	5.21	TITLE NAME	ADDRESS		☐ Change	☐ Addition

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TILE

NAME

DELETE

6.1 TITLE

6.2 NAME

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 securate 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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

Change

CR2E034 (11/98)

Addition