
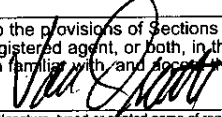


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90147 020 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000085565					
1. Corporation Name CERTIFIED TECHNOLOGIES, INC.					
Principal Place of Business 821 N.W. 44TH AVENUE COCONUT CREEK FL 33066			Mailing Address 821 N.W. 44TH AVENUE COCONUT CREEK FL 33066		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5205 Coconut Creek Pkwy		26 5205 Coconut Creek Pkwy		11/07/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0615588	
22		27		Applied For Not Applicable	
City & State Margate, FL		City & State Margate, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33063 Country USA		Zip 33063 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33063 25 USA		29 33063 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ORCUTT, VAN 821 N.W. 44TH AVENUE COCONUT CREEK FL 33066			10. Name and Address of New Registered Agent		
			81 Name ORCUTT, VAN		
			82 Street Address (P.O. Box Number is Not Acceptable) 5205 COCONUT CREEK PKWY.		
			83		
			84 City MARGATE FL 85 Zip Code 33063		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE D <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ORCUTT, VAN			1.2 NAME		
STREET ADDRESS 333 N.W. 100 LANE			1.3 STREET ADDRESS		
CITY-ST-ZIP CORAL SPRINGS FL 33071			1.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MANWELL, WILLIAM			2.2 NAME		
STREET ADDRESS 821 N.W. 44TH AVENUE			2.3 STREET ADDRESS		
CITY-ST-ZIP COCONUT CREEK FL 33066			2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MANWELL, DEBORAH			3.2 NAME		
STREET ADDRESS 821 N.W. 44TH AVENUE			3.3 STREET ADDRESS		
CITY-ST-ZIP COCONUT CREEK FL 33066			3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ORCUTT, BECKY			4.2 NAME		
STREET ADDRESS 333 N.W. 100 LANE			4.3 STREET ADDRESS		
CITY-ST-ZIP CORAL SPRINGS FL 33071			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954/974-4000