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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094748 (7)

TECHNOLOGY PLACE, INC.

Principal Place of Business

Mailing Address

FILED
May 04 1998 8:00am
Secretary of State



		P.O. BOX 811135 BOCA RATON FL 33481-113 US 28. Mailing Address 26 P. O. Box 8		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1995 4. FEI Number Applied For
Suite, Apt.		Suite, Apt. #, etc.	771 0 0	65-0634769 Not Applicabl
22 Dul 7		27		Certificate of Status Desired Fee Required
City & State 23 BOCI	A KATON, FC.	Boca Rato	J	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 339		29 33481-1135 3	Country J	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent DAVID A. RUSTINE 81 Name SAME				
	MAN TURTLE WALK CA RATON FL 33487		82 Street 83 St 84 City	Address (F.O. Box Number is Not Acceptable) 10 N.W. 200 DVE, 1/7K O Society of the State of t
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 Signature, typest or pumbed name of regetered ago of mediated applicable (NOT) Registered Agont signature required when reinstating) DATE				
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1.7071.6	PS77) Propos I Addition
NAME	RUSTINE, DAVID A		1.2 NAME	RUSTINE, DAVIO A. 4770 NIW. DNO AVE., SUITED BOCA RATEN, FC. 3343)
STREET ADDRESS	- 7031 N.W. TURTLE WALK		1.3 STREET ADDRESS	4770 NIWI DND AVE, DUIKE
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP	BOCA KATON, FC, 3343)
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3 4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		Ĺ DELE TE	5.1 TITLE	Change L Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CHTY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. Thereby 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 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 restee 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.				

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