FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT (F STATE

ANI	ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS				
DOCU 1. Corporat	JMENT # P9	5000096689 (1)	OTH OTHER DAY		
	ERRED TECHNOLOG				
		:] # 6 # 6	
Principal Place of Business		Mailing Address		I 10011601 SIE 16161 EHLE OORH OORT OOR	JB111 00110 10110 01110 01110 01101 F0110 F010 F001
7783 CEDAR HURST CT LAKE WORTH FL 33467		7783 CEDAR HURST CT LAKE WORTH FL 33467			
2. Principal I	Place of Business		· 	3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report
21	riace of Business	2a. Mailing Address 26	1	4. FEI Number 0/3/778	Applied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & Sta	ate	City & State		6. Election Campaign Financing	S5.00 May Be
<i>Z</i> ip	Country	Zip	Contry	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24	9. Name and Address	29 30 of Current Registered Agent		Florida Statutes Yes	□No
		outent negistered Agent	81 Name	10. Name and Address of New R	egistered Agent
LUPO, C	JOSEPH A			ess (P.O. Box Number is Not Acceptab	le)
7783 CEDAR HURST CT LAKE WORTH FL 33467				oos (F.O. Box (Normber 15 Not Acceptab	
	- CITITI E 0040/		83		
44 0			84 City		FL 85 Zip Code
Or registe	to the provisions of Sections (red agent, or both, in the Stat	607.0502 and 607.1508, Florida Statutes, the	e-named corpora	ation submits this statement for the pur d of directors. I hereby accept the appx	pose of changing its registered office
SIGNATURE	ith, and accept the obligations	g of Florida. Such change was authorized by sof, Section 607.0505, Florida Statutes.	y tra position's boar	a or directors. Thereby accept the appx	umment as registered agent. Fam
12.	Signature, typed or printed name of regis	stered agent and title if applicable. (NOTE: Re	gista gent signature required	Lythen reinstating)	DATE
TITLE	OFFIC	ERS AND DIRECTORS	1.	ADDITIONS/CHANGES TO OFF	
NAME	LUPO, JOSEPH A		1 LE 1. ME		Change Addition
STREET ADDRESS	7783 CEDAR HURST C		1. EET ADDRESS		
CITY - ST - ZIP TITLE	LAKE WORTH FL 3346		1.		
NAME		☐ DELETE	2.		Change Addition
STREET ADDRESS		ſ	AE AE		
CITY-ST-ZIP		•	2 EET ADDRESS		
TILE		☐ DELETE	7-ST-ZIP LE		☐ Change ☐ Addition
IAME			AE .		
STREET ADDRESS STY-ST-ZIP			REET ADDRESS		
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REFT ADDRESS		[]	AE .		
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TLE		DELETE	r - ST - ZIP		Change Addition
AME]	ME		☐ puende ☐ voquion
HEET ADDRESS			KEET ADDRESS		
TY-ST-ZIP 4. Ldo bereby	Certify that the information		Y - ST - ZIP		
certify that t	he information indicated on the	oplied with this filing is voluntarily furnished is annual report or supplemental annual reports.	loes not qualify for	r the exemption stated in Section 119.0	07(3)(k), Florida Statutes. I further
oath; that I appears in E	re information indicated on the am an officer or director of the allock 12 or Blook 13 if change	corporation or the requiremental annual report of the requiremental annual report of the requirement of the	true and accurat	e and that my signature shall have the a report as required by Chapter 607, Fic	same legal effect as if made und

SIGNATURE:

loes not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further true and accurate and that my signature shall have the same legal effect as if made under ed to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytime Phone II