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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90141 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000001610

1. Corporation Name

AMERICAN COMPUTER TECHNOLOGIES OF LAKE LAND, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5100 U.S. HIGHWAY 98 NORTH
LAKE LAND FL 33809

Mailing Address
5100 U.S. HIGHWAY 98 NORTH
LAKE LAND FL 33809

3. Date Incorporated or Qualified

01/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3356044

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGRELLA, JOE
5100 NORTH HWY 98
SUITE 7
LAKE LAND FL 33810

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARELIK, JOEL
% 5100 U.S. HIGHWAY 98 NORTH
LAKE LAND FL 33809

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AGRELLA, JOSEPH
% 5100 U.S. HIGHWAY 98 NORTH
LAKE LAND FL 33809

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AGRELLA, JOSEPH
% 5100 U.S. HIGHWAY 98 NORTH
LAKE LAND FL 33809

☐ DELETE

3.1 TITLE
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3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
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LAKE LAND FL 33809

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
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D
AGRELLA, JOSEPH
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LAKE LAND FL 33809

☐ DELETE

5.1 TITLE
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5.4 CITY-ST-ZIP

☐ Change ☒ Addition

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LAKE LAND FL 33809

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99

941-858-5800

CR2E034 (1/98)