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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9600001610

1. Corporation Name

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

04-22-1999 90141 035 ***150.00



	AN COMPUTER TECHNOLOG	GIES OF LAKELAND, I	INC.						
Dringinal Place	o of Rusiness	Mailing Address					KIK Ba iki Ba ili at	IUI IIBIU UIIUI	118H 86H 1881
Principal Place of Business Mailing Address 5100 U.S. HIGHWAY 98 NORTH 5100 U.S. HIGHWAY 98 NOI LAKELAND FL 33809 LAKELAND FL 33809						DO NOT WRI	TE IN THIS S	SPACE	
						3. Date Incorporated or Qualifed			
						01/05/1996			
Principal Place of Business Address Mailing Address						4. FEI Number		⊢	plied For
1		26				<u>59-3356044</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Fee Re	
2 City 9 Stat		City & State				6. Election Campaign Financing		\$5.00	
City & Stat		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Coun	try		8. This corporation owes the curr	rent year Inta	ngible	
4	25	· _ ,	30			Personal Property Tax.		☐ Yes	□No
<u></u>	9. Name and Address of Current					10. Name and Address of New I	Registered A	gent	
			1	31 Name		,			
	ELLA, JOE			32 Street	Addres	ss (P.O. Box Number is Not Accept	able)		
	NORTH HWY 98		ļ						
SUIT	ELAND FL 33810		1	33		* * * * *	٠,		
LAN	ELAND FL 33810		1	B4 City		· · · · ·	FL	85 Zip (Code
	to the provisions of Sections 607.0502	1 007 4500 El 21- 04-14				etion submits this statement for the		hanging its	registered
office or r agent. I a	registered agent, or both, in the State o	t Florida. Such chande was at	utnonzea	by the corp	oration	's board of directors. I hereby acce	pt the appoin	tment as re	gistered
SIGNATURE									
•	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature	required v	when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	Registered A	gent signature	required v	when reinstating) ADDITIONS/CHANGES TO OF			
	OFFICERS AND				required v	when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	PRS IN 12
12.	OFFICERS AND D HARELIK, JOEL	D DIRECTORS DELETE	13.	E	required v	when reinstating) ADDITIONS/CHANGES TO OF			
12.	OFFICERS AND D HARELIK, JOEL % 5100 U.S. HIGHWAY 98 NOR	D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STF	E NE EET ADDRESS		when reinstating) ADDITIONS/CHANGES TO OF			
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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 of 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:

941-858-580C