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03-04-1999 90075 016 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000056289

1. Corporation Name

ENTERTAINMENT TECHNOLOGIES, INC.

Principal Place of Business

**4185 W. HIGHWAY 40
SUITE G
OCALA FL 34482**

Mailing Address

**4185 W. HIGHWAY 40
SUITE G
OCALA FL 34482**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3392166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 **425 SW 33rd Ave**

26 **P.O. Box 770358**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **OCALA FL**

28 **OCALA FL**

Zip Country

Zip Country

24 **34474** 25 **MARION**

29 **34477** 30 **MARION**

9. Name and Address of Current Registered Agent

**MOSIEUR, MICHAEL H
4185 W. HIGHWAY 40
SUITE G
OCALA FL 34482**

10. Name and Address of New Registered Agent

81 Name

Mosieur, Michael H

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

425 SW 33rd Avenue

83

84 City

OCALA

FL

85 Zip Code

34474

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

TITLE ☐ DELETE
NAME **PST MOSIEUR, MICHAEL H**
STREET ADDRESS **4185 W HWY 40, SUITE G**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PST Mosieur, Michael H**
1.3 STREET ADDRESS **425 SW 33rd Ave**
1.4 CITY-ST-ZIP **OCALA, FL 34474**

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99

Date

Daytime Phone #

352

402-0370

CR2E034 (11/98)