

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90137 028 ***158.75

DOCUMENT # P96000090829

1. Corporation Name

CIRCUIT TECHNOLOGY, INC.

Principal Place of Business

**7760 NORTHWEST 78 AVENUE, SUITE 3-104
TAMARAC FL 33321**

Mailing Address

**41 MEADOW AVE
MEDFORD NY 11763
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1996

2. Principal Place of Business

21 P O BOX 265085

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DAYTONA BEACH, FL

City & State

28 Zip Country

24 32126-5085

25

29

30

4. FEI Number

59-3410322

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

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

TITLE **VTD** ☐ DELETE
NAME **FOGELSTROM, ALAN**
STREET ADDRESS **7760 NORTHWEST 78 AVENUE, SUITE 3-104**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **PSD** ☐ DELETE
NAME **CLAUDIO, NORMA**
STREET ADDRESS **7760 NORTHWEST 78 AVENUE, SUITE 3-104**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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
1.3 STREET ADDRESS **P O BOX 265085**
1.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32126-5085**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **P O BOX 265085**
2.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32126-5085**

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)(l), 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: **NORMA CLAUDIO** 3/5/99 516-286-1510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)