Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90014 045 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOZOGO 2

 Corporation 	IVE TECHNOLOGIES LIMITI											
Principal Place	e of Business	Mailing Address					1 101			III 48 111 48 111	• 11440 11110 1011	8 (9185 (()) (88)
1940 W BAY DR #4 1940 W BAY DR #4 LARGO FL 33770-3024 LARGO FL 33770-3024								DO	NOT WRI	ITE IN THI	S SPACE	
							3. Date Inc	1997	r Qualifed			
2. Principal Pl	lace of Business	2a. Mailing Addre	SS				4. FEI Num				Δ	Applied For
21		26					<u>59-344</u>	4365			<u></u>	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			Į	5. Certifcat	e of Status	Desired		*	Additional
22		27										Required
City & Stat	e	City & State					ElectionTrust Fu	Campaign : nd Contribu	_			May Be to Fees
23 Zip	Country	Zíp		Country			8. This con			rent vear l		
24	25	29	30]				Property T		,	Yes	□No
241	9. Name and Address of Currer						0. Name a	nd Addres	s of New I	Registere	d Agent	
				81	Name							
	N, SCOTT L			82	Street	Address	(P.O. Box I	lumber is N	lot Accept	able)		
1940 W BAY DR #4							•					
LAHU	GO FL 33770-3024			83								
				84	City		:1.1		31. 34.	F I	85 Zip	Code
11 Pureuant	to the provisions of Sections 607.050	2 and 607 1508 Florid	ia Statutes, i	the above	 e-named	corporat	مؤلمه ماريم مرا	this statem	ant for the	DUEDOGO C	of changing it	te registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chang	e was autho	orized by	the corp	oration's	board of dir	ectors. I he	reby acce	pt the app	ointment as i	egistered
	m familiar with, and accept the obliga	alons of, Section 607.0	ibub, Flutiua	Statutes	•							
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Reg	istered Ager	nt signature i	required who	en reinstating)			DATE		
12.	OFFICERS AN	ND DIRECTORS		13.			ADDITIO	NS/CHANG	ES TO OF	FICERS A	AND DIRECT	
TITLE	D	□ DE	LETE	1.1 TITLE				•			☐ Change	Addition
NAME	DRIZIN, SCOTT L		- 1	1.2 NAME		ļ						
STREET ADDRESS	1940 W BAY DR #4			1.3 STREE	TADORESS	6						
CITY-ST-ZIP	LARGO FL 33770-3024			1.4 CITY-S	T- ZIP	A 411) ,		M		Change	Addition
TITLE	D		LETE	2.1 TITLE		DAK	€k, ;	דייטי	7-7			/ Addiobit
NAME	BAKER, SCOTT M			2.2 NAME		1000	s. BF	LCHerk	μ,	57F.	ノユ	
STREET ADDRESS	100 S BELCHER DR #12			•	T ADDRESS	IAM	N. G	321	171- 3	3 307		
CITY-ST-ZIP	LARGO FL 33771-3037	Пы		2. 4 CITY-S	ST-ZIP		10, ru		<i>' </i>		☐ Change	e
TITLE		□ DE	ELETE	3.1 TITLE					•.		Change	
NAME				3.2 NAME		.						
STREET ADDRESS				3.3 STREE		`						
CITY-ST-ZIP			LETE	3.4. CITY-S 4.1 TITLE	51-ZIP	+					☐ Change	Addition
TITLE				4. 2 NAME								_
NAME STREET ADDRESS					T ADDRESS					•		
STREET ADDRESS				4.4 CITY-S		1						
CITY-ST-ZIP TITLE	 	☐ DE	LETE	5.1 TITLE	- 41	1					· □ Change	e ☐ Addition
NAME				5.2 NAME						•	-	
STREET ADDRESS					T ADDRESS	3			•			
CITY-ST-ZIP			1	5.4 CITY-S	T-ZIP							
TITLE		DI	LETE	6.1 TITLE							☐ Change	e Addition
NAME				6.2 NAME		1						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

50011