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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

| ANNUAL REPORT Secretary of State | | | | | | | |
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| 1999 DIVISION OF CORPORATION | | | | ONS | | | |
| DOCUI | MENT # P9700 | 0064741 | | | | | |
| • | D TECHNOLOGY, INC. | | | | | | |
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| Principal Place of Business Mailing Address | | | | | | | |
| 3661 SE FAIRWAY WEST 3661 SE FAIRWAY WEST STUART FL 34997 STUART FL 34997 | | | | | | | |
| SIUMII FE SA | 331 | (10hiii 12 0400) | | | DO NOT WRITE IN | THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| 2 Drivetad D | torn of Duningon | 2a. Mailing Address | | | 07/24/1997 4. FEI Number | I I An | plied For |
| 2. Principal Place of Business 2a. Mailing Address 21 3/50 S.W. 42 ND AUE 26 | | | | | 65-0772729 | <u> </u> | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | \$8.75 Addition | | | |
| 22 27 | | | | | 5. Certifcate of Status Desired | Fee Re | quired |
| City & State City & State 23 PALM CITY, FL: 28 | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | - | |
| Zip Country Zip | | | Country | | 8. This corporation owes the current ye | | |
| 24 34990 25 U.S.A 29 36 9. Name and Address of Current Registered Agent | | | | | Personal Property Tax. 10. Name and Address of New Regist | ☐ Yes | □No |
| • | 9. Name and Address of Curi | rent Registered Agent | 81 | Name | 10. Name and Address of New Acgust | crea Agent | - |
| SPIT | ZER, JAMES E | | | | Harry (D.O. Boy Number in Net Acceptable) | | |
| 3661 SE FAIRWAY WEST | | | 82 Street Ac | | ddress (P.O. Box Number is Not Acceptable) | • | |
| STU | ART FL 34997 | | 83 | | | • | |
| | | | 84 | City | | 85 Zip (| Code |
| | 40 0 | 500 LOOT 4500 EL LL Blanks | | | orporation submits this statement for the purpo | FL 100 1 | registered |
| 11 Durement | to the provisions of Sections 607.0 | INIT and KILL TALIX FIGURE STRILLES | | | | | |
| office or r | agistared agent or both in the Sta | to of Florida. Such change was suth | orized by: | the comor: | ation's board of directors. I hereby accept the | appointment as re | gistered |
| office or r agent. I a | agistared agent or both in the Sta | ate of Florida. Such change was authigations of, Section 607.0505, Florida | orized by: | the comor: | ation's board of directors. I hereby accept the | appointment as re | gistered |
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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 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: POSERTA LOSPITZERE STO

561-781-5770 Daytime Phone #