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 # P97000093130

1. Corporation Name

STREET ADDRESS

TAUBUS TECHNOLOGIES CORP.

IAURUC	TEGINOLOGIES COM.							
Principal Plac	e of Business	Mailing Address			1 (99) 901 119 (8)(1 (99) 40)(5 49)(· J 4111 66 116	19199 11191 FII	••• ***** •• **
1037 79TH STI	REET SOUTH	; 1037 79TH STREET SOUTH						
ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707					DO NOT WRIT	F IN THIC	SPACE	
		٠,			Do Not With Do Not With	E IN THIS	3FACE	 :
					10/30/1997			
Principal Place of Business 2a. Mailing Address					4. FEI Number	-		Applied For
21 26					59-3477284	•		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional
22		27			5. Certificate of Status Desired			Required
City & Star	te	City & State			6. Election Campaign Financing			0 May Be
23		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	nt year Int		No.
24	25	29 30	l	· ——-	Personal Property Tax. 10. Name and Address of New Ro	aistored	Yes	No
	9. Name and Address of Curren	it Registered Agent	81	Name	IV. Name and Address of New Ki	Aistered .	-Acut	
WO	LFE, LARRY							
200-A JOHN KNOX ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
	LAHASSEE FL 32303-6643		83	· -				
	_ , , , , , , , , , , , , , , , , , , ,		"					
			84	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zi	p Cade
agent. I a	Signature, typed or printed name of registered ager				od when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	- T			☐ Chang	
NAME	HURST, KENNETH A		1.2 NAME					
STREET ADDRESS	AGOT TOTAL OTDEET COLUMN			ADDRESS				•
CITY-ST-ZIP	ST. PETERSBURG FL 33707		1.4 CITY-S		. •			
TITLE	01.1210001.0120010	☐ DELETE	2.1 TITLE	·		*-	☐ Chang	e Addition
NAME			2.2 NAME					
STREET ADDRESS	3		2.3 STREET	ADORESS				
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE		•		Chang	je Addition
NAME	j		3.2 NAME			•		
STREET ADDRESS	5		3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	T- ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Chang	ge Addition
NAME			4.2 NAME					
STREET ADDRESS	3		4.3 STREET	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE	}	☐ DELETE	5.1 TITLE				Chang	ge
NAME			5.2 NAME				•	
STREET ADDRESS	3		5.3 STREE		•	•		
CITY-ST-ZIP		T DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP			☐ Chang	ge
TITLE		☐ DELETE	6.2 NAME				L. Chally	io □ voomon
NAME			U.Z 11/1/11C	1				
STREET ANDRESS				ADDRESS				

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 chapted, or on an attachigent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

KENNETH A. HURST, PRES, 03/08/99 727-302-0061 SIGNATURE:

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90215 032 ***150.00