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 # P97000102894

G.A.R. TECHNOLOGIES, INC.

Principal Place	of Business	Mailing Address	· -		
1591 MAIN STREET 1591 MAIN STREET					
DUNEDIN FL 34698 DUNEDIN FL 34698		DUNEDIN FL 34698		DO NOT WRITE IN THIS	SPACE
				Date Incorporated or Qualifed	
		•		12/08/1997	
2. Principal Pl	lace of Business	2a. Mailing Address	<u>.</u>	4. FEI Number	Applied For
21 311 ORANGE ST 26 311 ORA			IGF ST	59-3481069	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 FALM HARBOR 27				5. Certificate of Status Desired	Fee Required
City & State	9 //	City & State	1000 11	6. Election Campaign Financing	\$5.00 May Be
		RBOR FL	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip 2/// 62 5	Country 7	8. This corporation owes the current year Int	tangible ☐ Yes ☐ No
24 3460	5 3 25	29 34683 30	<u> </u>	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Current	. Registered Agent	81 Name	10. Italiio ana Acatess of Non Registers	
AMERILAWYER					
343 ALMERIA AVENUE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134,			83		
					1-1-2-3
			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 AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETÉ	1.1 TITLE	SHAROKH SHAYEGAN	
NAME	SHAYEGAN, SHAROHK		1.2 NAME	311 ORANGE STREET	
STREET ADDRESS	1591 MAIN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698			PALMHARBOR FL 3468	
TITLE	VSD	☐ DELETE	2.1 TITLE	HARTNETT, JUHN	☑ Change ☐ Addition
NAME	HARTNETT, JOHN		2.2 NAME	ARRIVETI, COTTO	
STREET ADDRESS	1591 MAIN STREET		2.3 STREET ADDRESS	ORANGE STREET	111100
CITY-ST-ZIP	DUNEDIN FL 34698		2.4 CITY-ST-ZIP	PALMHARBOR, FL 3	34683
TITLE		☐ DELETÉ	3.1 TITLE	·	☐ Change ☐ Addition
NAME			3.2 NAME		}
STREET ADDRESS		•	3.3 STREET ADDRESS		}
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		Change
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME]		4, 2 NAME		Í
STREET ADDRESS] ,,		4.3 STREET ADDRESS		· , [
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		{
STREET ADDRESS			5.3 STREET ADDRESS		İ
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		☐ DELETE			☐ Auguste ☐ Vocitoti
NAME	I		6.2 NAME		

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 true receiver or trustee empewered 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 one attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

727-531-1774

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90050 038 ***150.00