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

Mailing Address

SUITE 171

1211 SEMORAN BOULEVARD

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business 4305 VINELAND RD

SUITE G-10

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104854

TECHNOLOGY DESIGN ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE CASSELBERRY FL 32707 ORLANDO FL 32707 3. Date Incorporated or Qualifed US 12/12/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3483564 Not Applicable UINGLAND RD \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Country Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAMPBELL, JOHN M Street Address (P.O. Box Number is Not Acceptable) 1211 SEMORAN BOULEVARD SUITE 171 83 CASSELBERRY FL 32707 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13 ☐ Addition ☐ Change □ DELETE 1.1 TITLE TITLE ROMERO, CAROL A. 1.2 NAME NAME 4301 VINELAND RD, SUITE E-3 13 STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE BINKOWSKI, JON 22 NAME NAME 4301 VINELAND RD, E-3 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 2. 4 CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7/P [] Change ☐ Addition ☐ DELETE 5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-\$T-ZIP

54 CITY-ST-ZIP

SIGNATURE:

DELETE

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 attachment with an address, with all other like empowered.

Change

Addition

FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90200 025 ***150.00

CR2E034 (11/98)