

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 # P98000002026

1. Corporation Name

FPTA TECHNOLOGIES, INC.

Principal Place of Business

125 S GADSDEN STREET  
STE 200  
TALLAHASSEE FL 32301

Mailing Address

125 S GADSDEN STREET  
STE 200  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

59-3508330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREEN, ANGELA B  
125 S GADSDEN STREET  
STE 200  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 AND DIRECTORS

TITLE D ☒ DELETE  
NAME KLIGMANN, GENE  
STREET ADDRESS 8510 NW 56TH STREET  
CITY-ST-ZIP MIAMI FL 33166-3329

TITLE D ☐ DELETE  
NAME NORRIS, LANCE  
STREET ADDRESS 125 S GADSDEN ST, STE 200  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☒ DELETE  
NAME RENARD, BRUCE  
STREET ADDRESS 2300 NW 89 PLACE  
CITY-ST-ZIP MIAMI FL 33172-2431

TITLE D ☒ DELETE  
NAME DUPILKA, GREG  
STREET ADDRESS P O BOX 572  
CITY-ST-ZIP JUPITER FL 33458-2431

TITLE D ☒ DELETE  
NAME BLYTH, JAMES  
STREET ADDRESS 11420 SW 109 ROAD  
CITY-ST-ZIP MIAMI FL 33176-2431

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/ST ☐ Change ☒ Addition  
1.2 NAME Green, Angela B.  
1.3 STREET ADDRESS 125 S. Gadsden St., Suite 200  
1.4 CITY-ST-ZIP Tallahassee, FL 32301

2.1 TITLE D/P ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Mezrah, Allan  
3.3 STREET ADDRESS 2011 W. Cleveland St., Suite A  
3.4 CITY-ST-ZIP Tampa, FL 33606

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME Miniaci, Al  
4.3 STREET ADDRESS 1411 S.W. 31st Ave.  
4.4 CITY-ST-ZIP Pompano Beach, FL 33069

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Harvey, Lin  
5.3 STREET ADDRESS 1001 Lakeside Ave., 7th Floor  
5.4 CITY-ST-ZIP Cleveland, OH 44114-1195

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99 (850) 222-5050

CR2E034 (11/98)