## 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 # P9800004145

1. Corporation Name

TECHNOLOGIES TO BE INCORPORATED

## Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90028 026 \*\*\*150.00

, LOIM	secured to be, moon on	, (, C,						
Principal Plac	ce of Business	Mailing Address				-  1 10031003 113 (0103 10511 40111 6011) 06111	SOUL DOING COOK SIL	) ( <b>9) ( ( ) ( ) ( )</b>
858 LINTON A	VENUE	858 LINTON AVENUE ORLANDO FL 32809						
-	020,0	CITE WEST TE SECON				DO NOT WRITE IN	THIS SPACE	
•						3. Date Incorporated or Qualifed 01/14/1998		
2. Principal F	Place of Business	2a, Mailing Address				4. FEI Number	11.	Applied For
21 5135 Curry Ford Road 26 5135 Curry F				rd R	load	59.3487054		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					<del>. =</del>		\$8.75	Additional
22 Suite 200 27 Suite 200			<u> </u>			5. Certifcate of Status Desired	Fee	Required
City & State City & State			<b>-</b> (			6. Election Campaign Financing	•	0 May Be ∫
						Trust Fund Contribution		d to Fees
<sup>Zip</sup> 24 328	Country 12 [25] USA	Zip 29 32812		intry ) S F	4	<ol> <li>This corporation owes the current ye Personal Property Tax.</li> </ol>	ar Intangible Yes	□No
24 5 24 0	9. Name and Address of Current		30 C	<del>, _,</del>	`	10. Name and Address of New Regist		
	5. Wallow and Madious of Gallone	<u>g</u>		81 N	lame	10. 744		
LEVI	IN, MICHAEL A							
858 LINTON AVENUE				<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32809			83		Annual State of the State of th		_
				84 C	da.	<del>,</del>	05 7:	Cada
				84  C	ity		FL  85 Zi	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the al	bove-na	med corpo	ration submits this statement for the purpo	se of changing	ts registered
office or agent. I a	registered agent, or both, in the State of am familiax with, and accept the obligation	t Hjorida. Such change was aut ons of, Section 607.0505, Flori	tnonzed da Stati	i by the utes.	corporation	n's board of directors. I hereby accept the	appointment as	registered
SIGNATURE		- Presid	trail	. N	); chae	JA. Levin 1/	4/99	
	Signature, typed or printed name of registered agent		Registeres	Agent sig	nature required	when reinstating) DA	TE .	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER		
TITLE		☐ DELETE	. 1.1 TITLE		P	1 1 A Lordon	☐ Chang	Addition
NAME			1.2 NA		Mi	chael A. Levin iB Linton Avenue		
STREET ADDRESS			1	REET ADD		rlando, FL 32809		]
CITY-ST-ZIP TITLE		☐ DELETE	2.1 TIT	TY-ST-ZIF	<u> </u>	Flakao, FL SABUT	☐ Chang	Addition
NAME			2.7 M		رما	enn C. Fuller	. Griding	· Piradillon
STREET ADDRESS			2.3 STREET		DEGG U	718 Haylock Drive		
CITY-ST-ZIP	1			TY-ST-ZIF		rlando, FL 32807		
TITLE		☐ DELETE	3.1 TIT		51			Addition
NAME							☐ Change	
STREET ADDRESS	İ		3.2 NA	ME		T	☐ Chang	
CITY-ST-ZIP	·			AME RESTADO	Mi	chelle G. Fuller	☐ Change	
TITLE			3.3 ST	REET ADD	RESS 47	tchelle G. Fuller 118 Haylock Drive		
NAME		☐ OELETE	3.3 ST	REET ADD	RESS 47	chelle G. Fuller		
		☐ DELETE	3.3 STI 3.4. CI	TREET ADD TTY-ST-ZIF	RESS 47	tchelle G. Fuller 118 Haylock Drive	<u> </u>	
STREET ADDRESS		☐ OELETE	3.3 STI 3.4. CI 4.1 TIT 4.2 N	TREET ADD TTY-ST-ZIF	ORESS 47	tchelle G. Fuller 118 Haylock Drive	<u> </u>	
STREET ADDRESS CITY-ST-ZIP		□ OELETE	3.3 STI 3.4. CI 4.1 TIT 4. 2 NA 4.3 STI	TREET ADD ITY-ST-ZIF TLE AME	ORESS 47	tchelle G. Fuller 118 Haylock Drive	<u> </u>	
		☐ OELETE	3.3 STI 3.4. CI 4.1 TIT 4. 2 NA 4.3 STI	TREET ADD ITY-ST-ZIF TLE AME TREET ADD TY-ST-ZIP	ORESS 47	tchelle G. Fuller 118 Haylock Drive	<u> </u>	e Addition
CITY-ST-ZIP			3.3 STI 3.4. CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT	TREET ADD ITY-ST-ZIF TLE AME TREET ADD TY-ST-ZIP TLE	ORESS 47	tchelle G. Fuller 118 Haylock Drive	<b>]</b> Chang	e Addition
CITY-ST-ZIP TITLE			3.3 STI 3.4. CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	TREET ADD ITY-ST-ZIF TLE AME TREET ADD TY-ST-ZIP TLE	Miness Miness O	tchelle G. Fuller 118 Haylock Drive	<b>]</b> Chang	e Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT	TREET ADD TY-ST-ZIF TLE AME TREET ADD TY-ST-ZIP TLE MME TREET ADD TY-ST-ZIP	ORESS ORESS	tchelle G. Fuller 118 Haylock Drive	<b>]</b> Chang	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.3 STI 3.4 CI 4.1 TIT 4.2 NV 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	TREET ADD TY-ST-ZIF TLE AME TREET ADD TY-ST-ZIP TLE MME TREET ADD TY-ST-ZIP	ORESS ORESS	tchelle G. Fuller 118 Haylock Drive	<b>]</b> Chang	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT	TREET ADD TY-ST-ZIF TLE AME TREET ADD TY-ST-ZIP TREET ADD TY-ST-ZIP TLE	ORESS ORESS	tchelle G. Fuller 118 Haylock Drive	☐ Chang	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.3 STI 3.4 CI	TREET ADD TY-ST-ZIF TLE AME TREET ADD TY-ST-ZIP TREET ADD TY-ST-ZIP TLE	PRESS	tchelle G. Fuller 118 Haylock Drive	☐ Chang	Addition

SIGNATURE: January 4, 1999

<sup>14.</sup> 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.