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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000034826

1. Corporation Name

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90109 014 ***150.00

TECHNO	ISUN, INC.				j jadijadi itu ietai ibili dalii da			1010 0111 1001
Principal Place	e of Business	Mailing Address			i i Belleni sin i dini i Bili antii nai	il Bitte Bille etter är	BR: IRICE I	IN THE REST.
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NAPLES FL 34108		NAPLES FL 34108		DO NOT WRIT	E IN THIS SPA	CE		
1					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
					04/16/1998			Ì
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	olied For
21		26	,		- 65-0840469			Applicable
Suite, Apt.	#, etc.	Suite, Apt: #, etc	_		5. Certifcate of Status Desired	11 *		dditional
22		27					Fee Re	
City & Stat	e	City & State			6. Election Campaign Financing	1 (May Be
23		28	Countr		Trust Fund Contribution		Added to	o rees
Zip	Country	Zip 29 3	_	у	This corporation owes the curre Personal Property Tax.	entyearıntangıb ∏ Y	ie Yes	ĽNo .
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New R			
	e. Italia alla carioso el callelle		8	1 Name			-	
	DDWARD, MARK J		8	2 Street	Address (P.O. Box Number is Not Accepta	hia)	_	
	Laurel Oak Drive, Ste. 710		10.	Z Sileet	Address (F.O. Box Namber is Not Accepta	ole)		
, NAPI	LES FL 34108		8	3			_	
0			8	4 City		85	Zip C	Code
(_ ا	T City		FL ¦‴	} `	
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11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abo	ve-named	corporation submits this statement for the	purpose of chan	ging its	registered
office or r	edictored agent or both in the State o	of Fiorida, Such change was aut	honzed b	v the corb	corporation submits this statement for the oration's board of directors. I hereby accep	purpose of chan t the appointme	ging its nt as req	gistered
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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.

RUPRESIDENT

Daytime Phone #