PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90188 015 ***150.00

DOCUMENT # P98000037762

	D TECHNOLOGY, INC.							
Principal Place	of Business	Mailing Address						
TAVARES FL 32778 SO6 OAK VIEW DRIVE TAVARES FL 32778						DO NOT WRITE IN THIS	SPACE	
*					3. Date Incorporate 04/22/1998	d or Qualifed		
21 B97 CHESTERHIN CIR 2		2a. Mailing Address 28 P.D. BOX 5	26 P.D. BOX 598		4. FEt Number 59 - 3	405126	Not	olied For Applicable
Suite, Apt.	#, etc.	. Suite, Apt. #, etc.	:		5. Certificate of Sta	tus Desired	\$8.75 A	
City & State	DOES . 7/	City & State 28 MT. Doca,	FL	32751	6. Election Campai Trust Fund Cont	-	\$5.00 Added to	
Zip 337	57 25 USA	Zip	30 L	Is A	Personal Proper		☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Add	ess of New Registered	Agent	
I CTL	COMMETT INVAMILAR			81 Name				
LEFKOWITZ, IVAN M 430 N. MILLS AVENUE					ddress (P.O. Box Number	is Not Acceptable)		·
UHL	ANDO FL 32803			83				
				84 City		Fl		j
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	02 and 607.1508, Florida Statute of Florida. Such change was au atlons of, Section 607.0505, Flori	s, the al thorized da Stati	bove-named of by the corpor utes.	orporation submits this startion's board of directors.	ternent for the purpose of the apport	intment as reç	pistered
SIGNATURE								
<u> </u>	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: I	Registered		quired when reinstating)	DATE		
12.				Agent signature rea	quired when reinstating)			
<u> </u>	OFFICERS AN	nt and title if applicable. (NOTE: I	Registered	Agent signature red	quired when reinstating)	DATE	ND DIBECTO	
12. TITLE	OFFICERS AN DP SHORT, JASON S P.O. BOX 598	nt and title if applicable. (NOTE: I	13. 1.1 TII	Agent signature red	guired when reinstating) ADDITIONS/CHA	DATE	ND DIBECTO	
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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, occur an attachment will an address, with all other like empowered.

SIGNATURE:

NO DEFICER OR DIRECTOR

352-135-0040

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