

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90216 019 ***150.00

DOCUMENT # P98000050692

1. Corporation Name
MECCA TECHNOLOGIES INC.



Principal Place of Business
2900 NE 30 STREET
APT 9-G
FT. LAUDERDALE FL 33306

Mailing Address
2805 E OAKLAND PARK BLVD.
SUITE 326
FORT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1998

4. FEI Number

65-0843237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 19000 S.E. ROBERT DR.

Suite, Apt. #, etc.

22 City & State

23 TEQUESTA FL

24 Zip

25 33469 Country

26 PALM BEACH

2a. Mailing Address

26 19000 S.E. ROBERT DR

Suite, Apt. #, etc.

27 City & State

28 TEQUESTA FL

29 Zip

30 33469 Country

31 PALM BEACH

9. Name and Address of Current Registered Agent

TUMMINIA, MELINDA
2900 NE 30 STREET
APT 9-G
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

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

19000 S.E. ROBERT DR

83

84 City TEQUESTA

FL

85 Zip Code

33469

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 P, VP, S.T. D. ☐ DELETE

NAME MELINDA TUMMINIA

STREET ADDRESS 19000 S.E. ROBERT DR

CITY-ST-ZIP TEQUESTA, FL 33469

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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: X Melinda Tumminia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 4, 1999 954-565-9910
Date Daytime Phone #

CR2E034 (11/98)

0283074