**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90091 049 \*\*\*150.00

## DOCUMENT # P98000053827

,	CHNOLOGIES, INC.	And Million Address		<del></del>									•
Principal Plac		Mailing Address 1424 NE 105 STREET											
1424 NE 105 STREET MIAMI SHORES FL 33138		MIAMI SHORES FL 33138					DO 8	OT WEIT	E IN THIS	SDACE			
					-	Data	ncorporated or		C IN THIS	SPACE		<u> </u>	1
					"		6/1998	40000		•			
2. Principal P	Place of Business	2a. Mailing Address			4.	FEIN	-,	رسیر) د:	201		Appli	ied For	]
Principal Place of Business		26				65-0895 + 16 Not Applicable						Applicable	]
Suite, Apt. #, etc.		Suite, Apt. #, etc.					ate of Status D	esired				ditional	İ
22		27									e Requ		1
City & Stat	te	City & State	C		- 6		on Campaign Ei Fund Contributi				UU,M	iay:Be:=== Fees	
ZIp	Country	Zip	Cou	intry	8		orporation owe		nt year Inti				
24	25	<u> </u>	30	-			nal Property Ta			Yes		No	1
	9. Name and Address of Curren	<del></del>				). Name	and Address	of New R	gistered .	Agent			1
^^-	MADITION OFFICE COMPANY			81 Name	ERI	ık	B. FLI	TMAN	i				]
	RPORATION SERVICE COMPANY			82 Stree	Address (1	P.O. Box	x Number is No	t Acceptat	de)				1
	1 HAYS STREET LAHASSEE FL 32301-2525			83	147	<u>-Y</u> _	NE 7		ree				{
174	EN PROSEE LE RESOL ESES			00	MIA	MI	SHOCES	FL	331				1
				84 City					FL	85	Zip Co	de	
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statute	s, the a	bove-named	1 corporatio	on submi	its this statema	nt for the p	surpose of	changin	g its re	gistered	7
11. Pursuant office or :	to the provisions of Sections 607.050; registered agent, or oot), in the State	and 607.1508, Florida Statute	s, the a	bove-named by the con	d corporation s b	on submi poard of	its this stateme directors. I here	nt for the paby accept	the appoin	changin ntment a	g its re es regis	egistered stered	1 -
ľ	to the provisions of Sections 607.050; registered agent, or 50%, in the States am familiar with one accord the option	and 607.1508, Florida Statute & Florida, Such change was au ilione of, Section 607.0505, Flor	s, the a thorized ida Stati	bove-named by the con utes.	d corporation s b	on submi poard of	its this stateme directors. I here	nt for the paby accept	the appoin	changin ntment a	g its re s regis	egistered stered	-
11. Pursuant office or a agent, 1 a SIGNATURE	Signature, typed or printed name of registered agent	and little of applicable. (NOTE.	Registered	bove-named by the con utes.	required when	reinstating)	·	<u> </u>	DATE				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE.  D DIRECTORS	Registered	Agent signature	required when	reinstating)	·	<u> </u>	DATE	D DIRE	CTOR	S IN 12	
SIGNATURE 12. TITLE	Signeture, typed or printed name of registered agent OFFICERS AN	and little of applicable. (NOTE.	Registered 13.	Agent signature	required when	reinstating)	·	<u> </u>	DATE		CTOR		
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of Registered agent OFFICERS AN D FLITMAN, ERIK B	and title if applicable. (NOTE.  D DIRECTORS	13. 1,1 Π 1,2 N	Agent signature	required when	reinstating)	·	<u> </u>	DATE	D DIRE	CTOR	S IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of Repatients agents OFFICERS AN D FLITMAN, ERIK B 1424 NE 105 STREET	and title if applicable. (NOTE.  D DIRECTORS	13. 1.3 Π 1.2 N 1.3 SI	Agent signature TILE AME TREET ADDRESS	required when	reinstating)	·	<u> </u>	DATE	D DIRE	CTOR	S IN 12	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of Registered agent OFFICERS AN D FLITMAN, ERIK B	and life if applicable. (NOTE.  D DIRECTORS  DELETE	13. 1.3 Π 1.2 No 1.3 SI 1.4 Ci	Agent signature ITLE AME TREET ADDRESS ITY-ST-ZIP	required when	reinstating)	·	<u> </u>	DATE	D DIRE	CTOR	S IN 12	CR2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of Repatients agents OFFICERS AN D FLITMAN, ERIK B 1424 NE 105 STREET	and title if applicable. (NOTE.  D DIRECTORS	Registered 13. 1.3 π 1.2 № 1.3 SI 1.4 CI 2.1 Π	Agent signature ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	required when	reinstating)	·	<u> </u>	DATE	D DIRE	CTOR	S IN 12	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of Registered agents OFFICERS AN D FLITMAN, ERIK B 1424 NE 105 STREET MIAMI SHORES FL 33138	and life if applicable. (NOTE.  D DIRECTORS  DELETE	13. 1.3 TI 1.2 NI 1.3 SI 1.4 CI 2.1 TI 2.2 NI	Agent signature TILE AME TREET ADDRESS TIY-ST-ZIP TILE AME	required when	reinstating)	·	<u> </u>	DATE	D DIRE	CTOR	S IN 12	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of Registered agents OFFICERS AN D FLITMAN, ERIK B 1424 NE 105 STREET MIAMI SHORES FL 33138	and life if applicable. (NOTE.  D DIRECTORS  DELETE	13. 1.3 Π 1.2 N 1.3 ST 1.4 CI 2.1 Π 2.2 N 2.3 ST	Agent signature  TILE  AME  TREET ADDRESS  ITY-ST-ZIP  TILE  AME  TREET ADDRESS	required when	reinstating)	·	<u> </u>	DATE	D DIRE	CTOR	S IN 12	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of Registered agents OFFICERS AN D FLITMAN, ERIK B 1424 NE 105 STREET MIAMI SHORES FL 33138	and life if applicable. (NOTE.  D DIRECTORS  DELETE	13. 1.3 Π 1.2 N 1.3 ST 1.4 CI 2.1 Π 2.2 N 2.3 ST	Agent signature ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP	required when	reinstating)	·	<u> </u>	DATE	D DIRE	CTOR inge	S IN 12	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of Registered agents OFFICERS AN D FLITMAN, ERIK B 1424 NE 105 STREET MIAMI SHORES FL 33138	and life if applicable. (NOTE.  D DIRECTORS  DELETE	13. 13 TI 12 NV 13 ST 14 CI 22 NV 23 ST 2.4 C	Agent signature ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AAME TREET ADDRESS ITY-ST-ZIP TLE	required when	reinstating)	·	<u> </u>	DATE	D DIRE ☐ Cha	CTOR inge	S IN 12  Addition	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of Registered agents OFFICERS AN D FLITMAN, ERIK B 1424 NE 105 STREET MIAMI SHORES FL 33138	and life if applicable. (NOTE.  D DIRECTORS  DELETE	13. 1.1 TI 1.2 NV 1.3 S1 1.4 CI 2.1 TI 2.2 NV 2.3 S1 2.4 C 3.1 TI 3.2 NV	Agent signature ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AAME TREET ADDRESS ITY-ST-ZIP TLE	required when	reinstating)	·	<u> </u>	DATE	D DIRE ☐ Cha	CTOR inge	S IN 12  Addition	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of Registered agents OFFICERS AN D FLITMAN, ERIK B 1424 NE 105 STREET MIAMI SHORES FL 33138	and life of applicable. (NOTE. D DIRECTORS DELETE DELETE	13. 1.3 Π 1.2 NV 1.3 ST 1.4 CI 2.1 Π 2.2 NV 2.3 ST 2.4 C 3.1 Π 3.2 NV 3.3 ST 3.4 C	TAGENT SIGNATURE  TILE  AME  TITLE  TITLE  AME  TITLE  TIT	required when	reinstating)	·	<u> </u>	DATE	ID DIRE ☐ Cha	CTOR inge	S IN 12 Addition Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of Registered agents OFFICERS AN D FLITMAN, ERIK B 1424 NE 105 STREET MIAMI SHORES FL 33138	and life if applicable. (NOTE.  D DIRECTORS  DELETE	13. 1.3 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI 3.4 C 4.1 TI	TAGENT SIGNATURE TITLE AME TREET ADDRESS TITY-ST-ZIP TITLE AME TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP TILE	required when	reinstating)	·	<u> </u>	DATE	D DIRE ☐ Cha	CTOR inge	S IN 12  Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of Registered agents OFFICERS AN D FLITMAN, ERIK B 1424 NE 105 STREET MIAMI SHORES FL 33138	and life of applicable. (NOTE. D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI 3.4 C 4.1 TI 4.2 NV	I Agent signature ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME	required when	reinstating)	·	<u> </u>	DATE	Cha	CTOR inge	S IN 12 Addition Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AN  OFFICERS AN  PLITMAN, ERIK B  1424 NE 105 STREET  MIAMI SHORES FL 33138	and life of applicable. (NOTE. D DIRECTORS DELETE DELETE	13. 1.1 1.1 1.2 NV 1.3 ST 1.4 CI 2.1 III 2.2 NV 2.3 ST 2.4 C 3.1 III 3.2 NV 3.3 ST 3.4 C 4.1 TV 4.2 NV 4.3 ST 1.5 TV 1.5	TAGENT SIGNALUTE  TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  TREET ADDRESS  TITY-ST-ZIP  TILE  TREET ADDRESS  TITY-ST-ZIP  TILE  TILE  TILE  TILE  TITLE  TILE  TIL	required when	reinstating)	·	<u> </u>	DATE	Cha	CTOR inge	S IN 12 Addition Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AN  OFFICERS AN  PLITMAN, ERIK B  1424 NE 105 STREET  MIAMI SHORES FL 33138	DELETE   D	13. TI 12 NN 13 ST 14 CC 2.1 TI 22 NN 23 ST 2.4 CC 3.1 TI 32 NN 13.3 ST 34. CC 4.1 TI 4.2 NN 4.3 ST 4.4 CC 15.5 TI 5.5 TI 5.5 TI 5.5 TI 6.5 TI	I Agent signature ITLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	required when	reinstating)	·	<u> </u>	DATE	D DIRE ☐ Cha	octor nage	S IN 12 Addition Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AN  OFFICERS AN  PLITMAN, ERIK B  1424 NE 105 STREET  MIAMI SHORES FL 33138	and life of applicable. (NOTE. D DIRECTORS DELETE DELETE	13. TI 12 NN 13 ST 14 CI 12 NN 13 ST 14 CI 13 ST 14 CI 14 CI 14 CI 15 ST 14 CI 15 ST 16 ST 16 ST 17 ST	I Agent signature ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITME ITME ITME ITME ITME ITME ITME ITM	required when	reinstating)	·	<u> </u>	DATE	Cha	octor nage	S IN 12 Addition Addition Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AN  OFFICERS AN  PLITMAN, ERIK B  1424 NE 105 STREET  MIAMI SHORES FL 33138	DELETE   D	13. TI 12 NN 13 ST 14 CI 15 TI TI 15 2 NN 15 ST	I Agent signature ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	required whom	reinstating)	·	<u> </u>	DATE	D DIRE ☐ Cha	octor nage	S IN 12 Addition Addition Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AN  OFFICERS AN  PLITMAN, ERIK B  1424 NE 105 STREET  MIAMI SHORES FL 33138	DELETE   D	13. THE PROPERTY OF THE PROPER	I Agent signature ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITME ITME ITME ITME ITME ITME ITME ITM	required whom	reinstating)	·	<u> </u>	DATE	D DIRE ☐ Cha	octor nage	S IN 12 Addition Addition Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AN  OFFICERS AN  PLITMAN, ERIK B  1424 NE 105 STREET  MIAMI SHORES FL 33138	DELETE   D	13. THE PROPERTY OF THE PROPER	I Agent signature ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP	required whom	reinstating)	·	<u> </u>	DATE	D DIRE ☐ Cha	ector ange	S IN 12 Addition Addition Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AN  OFFICERS AN  PLITMAN, ERIK B  1424 NE 105 STREET  MIAMI SHORES FL 33138	DELETE   D	13. TI 12. NI 13. TI 12. NI 13. TI 12. NI 13. TI 14. CI 17. TI 18. TI 18	I Agent signature ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE ITTEET ADDRESS ITY-ST-ZIP ITLE	required whom	reinstating)	·	<u> </u>	DATE	☐ Cha	ector ange	S IN 12 Addition Addition Addition Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of Repatients agents OFFICERS AN D FLITMAN, ERIK B 1424 NE 105 STREET MIAMI SHORES FL 33138	DELETE   D	13. 1.3 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 SS 3.4 C 4.1 TI 5.2 NV 5.3 ST 5.4 CI 6.1 TI 6.2 NV	I Agent signature ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE ITTEET ADDRESS ITY-ST-ZIP ITLE	required whom	reinstating)	·	<u> </u>	DATE	☐ Cha	ector ange	S IN 12 Addition Addition Addition Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of Repatients agents OFFICERS AN D FLITMAN, ERIK B 1424 NE 105 STREET MIAMI SHORES FL 33138	DELETE   D	13. TI 12 NN 13 ST 14 CI 21 TI 22 NN 23 ST 32 NN 4. CN 4. TT 52 NN 5.3 ST 5.4 CI 6.1 TI 6.2 NN 6.3 ST 16.2 NN 6.3 ST 16.3 TI 6.2 NN 6.3 ST 16.3 TI 6.3 TI 6.3 NN 6.3 ST 16.3 TI 6.3	I Agent signature ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE ITMEET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME	required whom	reinstating)	·	<u> </u>	DATE	☐ Cha	ector ange	S IN 12 Addition Addition Addition Addition	

I hareby certify that the information supplied with this filing-does not qualify for the exemption stated in Section 119.07(3)(i). Florida Stalutes. I further certify that the information indicated on this annual report or supplemental annual report is true and eccurate 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 of the receiver et gruspee empowered to execute this report as required by Chapter 607, Florida Stalutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed,