FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000057562

DEVELOPING TECHNOLOGIES AND RESEARCH, INC.

11929 E COLONIAI ORLANDO FL 3282		11929 E COLONIAL DRIVE ORLANDO FL 32826			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/26/1998	
		On Marin Address			4. FEI Number - Applied F	
2. Principal Place	e of Business	2a. Mailing Address			79-3537302 Not Applied	
21		Suite, Apt. #, etc.	Suite Apt # etc		\$8.75 Addition	
Suite, Apt. #, 6	etc.				5. Certificate of Status Desired Fee Required	1
22		City & State			 	
City & State		<u>├</u> ─┐ '			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution \$5.00 May B	
23	Country	28	Country	;	8. This corporation owes the current year Intangible	
Zìp	r— ´	· · · · · · · · · · · · · · · · · · ·	¬ ´		Personal Property Tax.	
24	25 9. Name and Address of Currer	_	<u> </u>		10. Name and Address of New Registered Agent	
·	s. Name and Address of Currer	it Registered Agent	81	Name		
UCC F	LING AND SEARCH SERVICE	S. INC.		<u> </u>		
	PARK AVE	,	82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	HASSEE FL 32301		83			
- Inceru	MOSEL I E SESSI		"	1		
			84	City	FL 85 Zip Code	
agent. I am f SIGNATURE	amiliar with, and accept the obligation in the control of the cont	nt and title applicable. (NOTE: Re	a Statutes	TRI	on's board of directors. I hereby accept the appointment as registere 3/10/99 fi when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	_
12.	<u> </u>	DELETE				Addition
TITLE	President William Pippi 2913 Allison	ν>	1.1 TITLE			
NAME L	Sillian Fifti	Oct. se	1.2 NAME			
STREET ADDRESS	29/3 1400,852	22.02/		TADDRESS		
CITY-ST-ZIP	or Lando, PL		1.4 CITY-8	ST-ZIP	☐ Change ☐ /	Addition
	Secretary	☐ DELETE	2.1 TITLE			- COULDIN
NAME :	Joseph É Blite	- Ja	2.2 NAME			
STREET ADDRESS	135 N. Massol			TADDRESS		
CITY-ST-ZIP (2.4 CITY-ST-ZIP		CT Change CT	Addition
TITLE	•	☐ DELETE	3.1 TITLE		☐ Change	rualiiUN
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		A 1 2'4'
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	51TITLE		☐ Change ☐	Addition
NAME			5.2 NAME		•	
ATTECT ADDRESS			5.3 STREE	TADDRESS		

14. 1 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 suppliemental 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

407, 207,0102

Change

☐ Addition

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90218 004 ***150.00