## 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

## DOCUMENT # P98000058975

1. Corporation Name

## FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90039 040 \*\*\*150.00

ABL TEC	CHNOLOGY, INC.					!			
Principal Place	e of Business	Mailing Add	ress				1 40014001 11W 14161 16111 46111 4611 4611 4611 4	}##  <b> </b>   } <b> </b>	100Q1 G11)  BB)
Principal Place of Business Mailing Address  20 N ORANGE AVE. SUITE 1000 ORLANDO FL 32901-4626  ORLANDO FL 32901-4626  Mailing Address  20 N ORANGE AVE. SUITE 1000 ORLANDO FL 32901-4626						DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 07/02/1998		
2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc.			Address				4. FEI Number 59-3553558	No	plied For t Applicable
			ot. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	equired
City & Stat	te	City & S 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country 25	Zip <b>29</b>	30	Country	<i>'</i>		This corporation owes the current year Personal Property Tax.	☐ Yes	□No
	9. Name and Address of t	Current Registered Age	ent				10. Name and Address of New Register	ed Agent	
10.84	IDUDIES I CRECORV			81	Name				
Humphries, J. Gregory 20 N Orange Ave, Suite 1000 Orlando Fl 32801-4626			82	Street	Addres	s (P.O. Box Number is Not Acceptable)			
			83						
				84	City	FL 85			Code
office or r	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the	State of Florida, Such 6	change was autho	onzea by	tne corpo	corpor oration	ation submits this statement for the purpose is board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registr	and and the if portionals	/NOTE: Day	austarmed Acres	ot ekanatura ri	enuinad w	then reinstating) DATE		·
12.		RS AND DIRECTORS	(IIIIIIII	13.	in anginario i		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE			DELETE	1.1 TITLE		D &	P	☐ Change	Addition
NAME				1					
STREET ADDRESS				1.2 NAME			is C. Langermann III		
CITY-ST-ZIP					T ADDRESS	750	5 Exchange Drive		
TITLE						750 Orl	5 Exchange Drive ando, FL 32809		
1441	1	· · · · · · · · · · · · · · · · · · ·	□ DELETE	1.3 STREE		750 Orl	5 Exchange Drive ando, FL 32809 VP	☐ Change	<b></b> Addition
NAME		· · · · · · · · · · · · · · · · · · ·	□ DELETE	1.3 STREE 1.4 CITY-5		750 Orl D &	5 Exchange Drive ando, FL 32809 VP bt M. Abaray	☐ Change	<b>☆</b> Addition
STREET ADDRESS			□ DELETE	1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME		750 Orl D & Scc 750	5 Exchange Drive ando, FL 32809 VP ot M. Abaray 05 Exchange Drive	_ Change	<b>₹</b> ] Addition
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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 of the peceiver of 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRESIDENT MANN III, Pres

2/25/98

407/851-5505

Dayume Phone

KZEU34 (11/98)