Applied For

\$8.75 Additional

Fee Required -

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

XNo.

## 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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

## DOCUMENT # P98000074402

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

TECHNODESIGN SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3620 SPAINWOOD DRIVE SARASOTA FL 34232	3620 SPAINWOOD DRIV SARASOTA FL 34232

Country

25

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90291 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed

08/26/1998 4. FEI Number

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
ARACI	RILAWYER		81 Name	Marc J.	Babin		
-			82 Street	Address (P.O. Box Number	er is Not Acceptable)		
	ALMERIA AVENUE			3620 500	ainwood !	<u>ے د.</u>	
COR	AL GABLES FL 33134		83	•			
			94 (2)	<u> </u>		85 Zip, C	orle
			84 City	Sarasota	i	FL 👸 34	732
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with and accept the obligation	Florida. Such change was autho	the above-named	corporation submits this s	tatement for the purpos s. I hereby accept the a	e of changing its r ppointment as reg	egistered istered
	Man 7	3				1//3/9	9
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Reg	gistered Agent signature i	equired when reinstating)	DAT	E	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CH	ANGES TO OFFICER		
MILE	PSTD	☐ DELETE	1.1 TITLE		•	Change	☐ Addition
NAME .	BABIN, MARC J		1.2 NAME				
STREET ADDRESS	3620 SPAINWOOD DRIVE		1.3 STREET ADDRESS				1
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-ST-ZIP				Ì
TITLE	OTTAL OTTAL	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME I			2.2 NAME				{
			2.3 STREET ADDRESS				İ
STREET ADDRESS			2.4 CITY-ST-ZIP	· · · · ·	يسرح فاسا		~
CITY-ST-ZIP TITLE		□ DELETE	3.1 TITLE	-		Change	☐ Addition
			3.2 NAME				
NAME .			3.3 STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP			☐ Change	Addition
TITLE		D DEFETE					
NAME	•		4. 2 NAME		,		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		□ pc stc	4.4 CITY-ST-ZIP		<u></u>	Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE			□ change	☐ YOURUII
NAME			5.2 NAME		•		Í
STREET ADDRESS			5.3 STREET ADORESS				}
CITY-ST-ZIP			5.4 CITY-ST-ZIP	_			
TITLE		☐ DELETE	6.1 TITLE	İ		☐ Change	☐ Addition
NAME .			6.2 NAME				{
STREET ADDRESS	[A ] suitable soit		6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 C/TY+ST+ZIP				j
	certify that the information supplied with	this filing does not qualify for the	e everntion state	d in Section 119 07(3)(i) F	Florida Statutes I furthe	r certify that the in	formation

Country

30

indicated on this annual report or supplied with this liming does not qualify for the exemption stated in Section 13.07(3)(f), I folial statutes. I further betting that the limited 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.