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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # DO

1. Corporation Name APPLICATION TECHNOLOGY UNLIM					
Principal Place of Business Mailing Address				inder Arti Abitt bibat bitt ines	
7100 SUNSHINE SKYWAY LN. S., # 208 7100 SUNSHINE SKYWAY LN. S., # 208					
ST. PETERSBURG FL 33711-4925 ST. PETERSBURG FL 33711-4925		25	DO NOT WRITE IN THE	CDACE	
			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
			08/26/1998	,	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21	26		470797225	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
27		<u>-</u>	5. Certificate of Charles Decirios	Fee Required.	
City & State		•	6. Election Campaign Financing	\$5.00 May Be	
23	ntry Zip Country		Trust Fund Contribution	Added to Fees	
Zip Country	Zip 30	n .	 This corporation owes the current year In Personal Property Tax. 	Yes No	
24 25 9. Name and Address of Current	1 *** 1	T	10. Name and Address of New Registered		
81					
DEBUSSY, JAY K 7100 SUNSHINE SKYWAY LN. S., # 208		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
		0.000776	,		
ST. PETERSBURG FL 33711-4925		83	•		
·		84 City		85 Zip Code	
			FL		
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 emiliar with, and accept the obligations of, Section 507.0505, Florida Statutes. SIGNATURE					
Signature, type or printed name of registered agent and title 1 applicable. (NOTE: Registered Agent signature required w			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
12. OFFICERS AN	□ DELETE		PESIDENT_	☐ Change	
NAME	_	12 NAME	AY K. DEBUSSY		
STREET ADDRESS	ADDRESS 1.3 STF		3 STREET ADDRESS / TOO SUNSHINE SKYWAY LN. S #206		
1 ■			ST. PETERSBURG, FL 337		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	DELETE	3.1-TIFLE		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS		ļ	
CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	C) Deterie	4.1 TITLE 4.2 NAME			
NAME CTREET ADDRESS (4.2 NOME 4.3 STREET ADDRESS			
STREET ADDRESS		4.3 STREET ADDRESS	,		
CITY-ST-ZIP TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	_	5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE -

NAME

STREET ADDRESS

☐ DELETE

Change

Addition