PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUI	MENI # S09783	ı							
1. Corporation M & R T	ECHNOLOGIES, INC.								
W W II									ISH 1180 IBS
Principal Place	of Business	Mailing Address	Mailing Address						
1070 JUPITER E		% EDWARD M. LIVINGSTO	N. P	lA.					
PALM BAY FL 32907 US		P.O. BOX 1599 WINTER PARK FL 32790				DO NOT WRITE IN THIS SPACE			
03		WHITEH FAIR TE SEAS					3. Date Incorporated or Qualifed		
							10/30/1990		
2. Principal Pl	ace of Business	2a. Mailing Address			-		4. FEI Number	 	plied For
21		26				59-3041404		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			æ.	5. Certifcate of Status Desired *** *	\$8.75 A Fee Re		
22		City P. State					a Floring Council Singular	\$5.00	<u> </u>
City & State	3	City & State				6. Election Campaign Financing Trust Fund Contribution	Added to	· 1	
23 Zip	Country	Zip Country				This corporation owes the current year Intangible			
24	25	29	30	, ·			Personal Property Tax.		□No
241	9. Name and Address of Curren		100	1			10. Name and Address of New Register	ed Agent	
				81	Name				
LIVINGSTON, EDWARD M.				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	ELLEN DR		02 01001700			. , , , , , , , , , , , , , , , , , , ,			-
WIN	TER PARK FL 32790			83					i
				84	City			85 Zip (Code
					_			-L 83 2-15 \	
affina ar r	edictored adopt of both in the State:	of Florida, Such change Was a	ai itne	OUZBOI DV	me con	d corpor poration	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	of changing its pointment as re-	registered gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida	Statutes				•	
SIGNATURE							when reinstating) DATE		
	Signature, typed or printed name of registered agen	ID DIRECTORS	ı: Keg	13.	t signature	required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	DPT	☐ DELETE	7	1.1 TITLE				Change	Addition
NAME	RAUSTAD, MICHAEL D		ı	1.2 NAME					ì
STREET ADDRESS	1070 JUPITER BLVD NW			1.3 STREET	ADDRESS	3		•	ı
CITY-ST-ZIP	PALM BAY FL			1.4 CITY-ST-ZIP					
TITLE	VS							☐ Change	☐ Addition
NAME	RAUSTAD, ROBYN L.			2.2 NAME		Į			
STREET ADDRESS	1070 JUPITER BLVD NW				2.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BAY FL				2.4 CITY-ST-ZIP		and the same of th	and the s	
TITLE		☐ DELETÉ	3.1 TITLE				Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS	3	•		
CITY-ST-ZIP	2				3.4. CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE		4.1 TITLE				☐ Change	☐ Addition
NAME			ı	4. 2 NAME					
STREET ADDRESS			. 1	4.3 STREET		3			
CITY-ST-ZIP		DELETE		4.4 CITY-ST 5.1 TITLE	T-ZIP	 -		Change	Addition
TITLE				5.1 MILE 5.2 NAME					
NAME				5.3 STREET	ADDRÉSS	;	,		
STREET ADDRESS				5.4 CITY-S1		\cdot			
CITY-ST-ZIP		☐ DELETE		6.1 TITLE		1-		☐ Change	☐ Addition
NAME				6.2 NAME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90006 012 ***150.00