## 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 # P98000031674 1. Corporation Name

LC TECHNOLOGIES INC

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90078 042 \*\*\*150.00

I.O. TEO	HNOLOGIES, INC.										
· · · · · · · · · · · · · · · · · · ·											
Principal Place	e of Business	Mailing Addres	s			1 10011001 140	intai init natu na	iti Battı Batan	*******************	10011 0101 1001	
5815 LAGUNA WOODS COURT		5815 LAGUNA V	5815 LAGUNA WOODS COURT				\$1,700 miles				
TAMPA FL 33625			TAMPA FL 33625				DO NOT WRITE IN THIS SPACE				
								IE IN IHIS	SPACE		, -
						3. Date incorporat	ed or Qualifed				ŀ
						04/07/1998 4. FEI Number					ł
2. Principal Place of Business		ļ1	2a. Mailing Address				25h	4970	2   Ar	oplied For	ł
21		26				59-	· 37 V	7970		ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. ;	#, etc.			5. Certificate of St	atus Desired			Additional equired	ļ.
22		27								<u> </u>	┨
City & State	e .	City & State	е			6. Election Campa				May Be	
23		28		0		Trust Fund Cor				to Fees	┨
Zip	Country	Zip		Country		8. This corporation		ent year Int	angible ∑∦es	□No	
24	25	29	30	ــــــ		Personal Prope		Pagintared .	_ <u> </u>		ł
	9. Name and Address of Curre	nt Registered Agent	<u> </u>	81	Name _	TU. Name and Au	JIESS OF NEW P	tegistered	Agent		ł
DeHi	NO, MICHAEL L			"	$H_{i}$	NTONACCI	U 7	EULI	/		
	BYPASS DRIVE SUITE 115-			82	Street Add	dress (P.O. Box Numbe	r is Not Accepta	able) / 7	0005	Care	1
						115 44	GUNA	w	10 PS	coure 1	┨
( <del>PEE</del>	ARWATER FL 33764		·	83							
,	4			84	City	- ^ -			85 Zip	Code 2	t
						AMPA		<u> </u>		300	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, of both, in the State m familiar with, and accept the oblig	02 and 607.1508, Flo	rida Statutes,	the above	e-named cou	rporation submits this st	atement for the I hereby accer	purpose of at the appoin	changing its ntment as re	registered aistered	
agent. I a	m familiar with, and accept the oblig	tions of Section 607	.0505, Florida	Statutes		monto boara or ambolo.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	00		•	
	- $(XX)$						3-8	299			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.		gistered Agen		ired when reinstating)	3-0	DATE			5
SIGNATURE	Signature, Good or piviled name of registered age	ent and title if applicable.  ND DIRECTORS	(NOTE: Rec	gistered Agen			3-0	DATE	D DIRECTO	DRS IN 12	1007
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable.  ND DIRECTORS		gistered Agen		ired when reinstating)	3-0	DATE			(44,00)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE	ant and title of applicable.  ND DIRECTORS	(NOTE: Rec	gistered Agen		ired when reinstating)	3-0	DATE	D DIRECTO	DRS IN 12	004 74 700)
SIGNATURE  12.  TITLE	Signature Oped or primed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF	ant and title of applicable.  ND DIRECTORS	(NOTE: Rec	gistered Agen	it signature requi	ired when reinstating)	3-0	DATE	D DIRECTO	DRS IN 12	27.024 (44,00)
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE	ent and title of applicable.  ND DIRECTORS	(NOTE: Res	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	it signature requi	ired when reinstating)	3-0	DATE	D DIRECTO	DRS IN 12	7004 (44,00)
SIGNATURE  12. TITLE  NAME  STREET ADDRESS	Signature Oped or primed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF	ent and title of applicable.  ND DIRECTORS	(NOTE: Rec	gistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	it signature requi	ired when reinstating)	3-0	DATE	D DIRECTO	DRS IN 12	000000000000000000000000000000000000000
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Oped or primed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF	ent and title of applicable.  ND DIRECTORS	(NOTE: Res	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	it signature requi	ired when reinstating)	3-0	DATE	D DIRECTO	DRS IN 12	00001004 (44,000)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature Oped or primed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF	ent and title of applicable.  ND DIRECTORS	(NOTE: Res	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	it signature requi	ired when reinstating)	3-0	DATE	D DIRECTO	DRS IN 12	000000000000000000000000000000000000000
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature Oped or primed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF	ent and title of applicable.  ND DIRECTORS	(NOTE: Res	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME	ADDRESS	ired when reinstating)	3-0	DATE	D DIRECTO	DRS IN 12 Addition	000000000000000000000000000000000000000
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF	ent and title if applicable.  ND DIRECTORS	(NOTE: Res	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS	ired when reinstating)	3-0	DATE	D DIRECTO	DRS IN 12	0001000
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF	ent and title if applicable.  ND DIRECTORS	(NOTE: Rec	gistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS	ired when reinstating)	3-0	DATE	D DIRECTO	DRS IN 12 Addition	00000
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF	ent and title if applicable.  ND DIRECTORS	(NOTE: Rec	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS 1-ZIP 1-ADDRESS 1-ZIP	ired when reinstating)	3-0	DATE	D DIRECTO	DRS IN 12 Addition	0001447
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF	ent and title if applicable.  ND DIRECTORS	(NOTE: Rec	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	ired when reinstating)	3-0	DATE	D DIRECTO Change	DRS IN 12 Addition Addition	000000
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF	ent and title of applicable.  ND DIRECTORS	(NOTE: Rec	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.3 STREET	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	ired when reinstating)	3-0	DATE	D DIRECTO	DRS IN 12 Addition	000000000000000000000000000000000000000
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF	ent and title of applicable.  ND DIRECTORS	(NOTE: Rec	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	ired when reinstating)	3-0	DATE	D DIRECTO Change	DRS IN 12 Addition Addition	000000
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF TAMPA FL 33625	ent and title of applicable.  ND DIRECTORS	(NOTE: Rec	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	ired when reinstating)	3-0	DATE	D DIRECTO Change	DRS IN 12 Addition Addition	777000
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF TAMPA FL 33625	ent and title of applicable.  ND DIRECTORS	(NOTE: Rec	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)	3-0	DATE	D DIRECTO Change	DRS IN 12 Addition Addition	2000 A 24 A 100 A
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF TAMPA FL 33625	ent and title of applicable.  ND DIRECTORS	(NOTE: Rec	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.3 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)	3-0	DATE	D DIRECTO Change	DRS IN 12 Addition Addition	(44,000)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF TAMPA FL 33625	ent and title of applicable.  ND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)	3-0	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition	(00177) 100 LOCA (14170)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF TAMPA FL 33625	ent and title of applicable.  ND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	T ADDRESS T-ZIP	ired when reinstating)	3-0	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition	1001000 VOLUME 1 100100 VOLUME 1
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF TAMPA FL 33625	ent and title of applicable.  ND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.5 TITLE 3.5 NAME 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP	ired when reinstating)	3-0	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition	(00,141,100,000,000,000,000,000,000,000,0
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF TAMPA FL 33625	ent and title of applicable.  ND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.5 TREET 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 NAME 5.3 STREET 5.3 NAME 5.3 STREET	T ADDRESS T-ZIP	ired when reinstating)	3-0	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition	OBOLO24 (44,00)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF TAMPA FL 33625	ent and title of applicable.  ND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS T-ZIP	ired when reinstating)	3-0	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature Oped or printed name of registered age OFFICERS AI  D ANTONACCI, STEVE 5815 LAGUNA WOODS COUF TAMPA FL 33625	ent and title of applicable.  ND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.1 TITLE	T ADDRESS T-ZIP	ired when reinstating)	3-0	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition	100 A V V V V V V V V V V V V V V V V V V

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 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. CITY-ST-ZIP

SIGNATURE:

813.265-1152