

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G57198** (5)

1. Corporation Name

D. TECHNIK CORPORATION



Principal Place of Business

Mailing Address

P. O. BOX 5204
FT. LAUDERDALE FL 33310-2204

P. O. BOX 5204
FT. LAUDERDALE FL 33310-2204

3. Date Incorporated or Qualified
08/29/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1100 NW 53 street**

26 **1100 NW 53 street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **BAY # 4**

27 **BAY # 4**

City & State

City & State

23 **FORT LAUDERDALE**

28 **FORT LAUDERDALE FL**

Zip

Country

Zip

Country

24 **FL 33309**

25 **U.S.A.**

29 **33309**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWMAN, DAVID S.
BARNETT BANK PLAZA, 7TH FLOOR
ONE EAST BROWARD BLVD.
FT. LAUDERDALE FL 33301-8806**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ DELETE
NAME **DESPREAUX, ANDRE MICHEL**
STREET ADDRESS **2208 NE 17TH TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 0**

TITLE **PD** ☐ DELETE
NAME **BELHOSTE, MARC**
STREET ADDRESS **611 SE 12TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **DVP** ☐ DELETE
NAME **BONA, MANFRED**
STREET ADDRESS **2517 NE 19TH AVE**
CITY-ST-ZIP **WILTON MANORS FL**

TITLE **ST** ☒ DELETE
NAME **LONDON, JAMES C**
STREET ADDRESS **1534 SO 7TH AVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Secretary -**
4.3 STREET ADDRESS **BELHOSTE, DIANE**
4.4 CITY-ST-ZIP **611 SE - 12 street**
POMPANO BEACH, FL 33060

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President. 04-23-96. 928.17.14. (957)

CR2E034 (12/95)