Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90171 031 ***150.00

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 # G73660

1. Corporation	TER KNOW HOW, INC.									
OOM O	LII MON HON, MO							NISSE BESE DIE		FIL #1811 1881
Principal Place of Business Mailing Address							- I 60 /11/ 001/ 1003 111/6 0/11		1 01011 01011 VIQIA 01	BAT MINIT ENDS
6133 POWERS		6133 POWERS AVE.	6133 POWERS AVE.							
JACKSONVILLE	JACKSONVILLE FL 32217	SONVILLE FL 32217			DO NOT WRITE IN THIS SPACE					
									IS SPACE	
ı							 Date I reorporated or Qualif 12/12/1983 	au au		
2. Principal P	lace of Business	2a. Mailing Address					4, FEI Number		Арг	plied For
21		26					59-2353173		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	
22		27					5. Certificate of Status Desired		Fee Re	quired
City & 5 tat	e	City & State					6. Electic n Campaign Financia	ng _[□]	\$5.00	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country			untry			8. This corporation owes the current year Intangible			٦.,
24	2529		30				Personal Property Tax.			No
	9. Name and Address of Curre	nt Registered Agent		81	Nema	_	10. Name and Address of Ne	v Register	a Agent	
CISM	IEROS, HECTOR E.			61	Name					
			82 Street Addre			ss (P.O. Box Number is Not Acce	ptable)			
	POWERS AVE. (SONVILLE FL 32217						<u> </u>			
UF.OI	CONVICE TE GEETT			83						
				84 City				F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2: and 607.1508, Florida Statut	es, the a	above	e-named	corpo	ration submits this statement for	he purpose	of changing its	egistered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga-	া Florida, Such change was a	uthorize	付わい.	the corpo	oration	n's board of directors. I hereby ac	cept the app	ointment as reg	istered
	III lattulai with, and ascept the oblige	at Ona Dt, Ocollon Go7.0000, 710	.,,,,,		•					ļ
SIGNATUFIE	Signature, typed or printed name of registered age	en and title if applicable. (NOTE	: Registere	d Ager	t signature r	eq lired	when reinstating)	DATE		
12.		OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO	OFFICERS		
TITLE	PTS	☐ DELETE	1.1 TITLE						☐ Change	Addition
NAME	CISNEROS, HECTOR E		1.2 NAME							
STREET ADDRESS	6133 POWERS AVE.		1.3 STRE		ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32217				r-zip					
TITLE		☐ DELETE	21T	ITLE	!				Change	☐ Addition
NAME			2.2 NAME							
STREET ADDRI SS			2.3 STRE		ADDRESS					
CITY-ST-ZIP		<u> </u>	2.40	2. 4 CITY-ST-ZIP						
TITLE		☐ DELETE		3 1 TITLE					Change	Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-5		T-ZIP					
TITLE		☐ DELETE	4.1 T	4.1 TITLE					☐ Change	☐ Addition
NAME			4.21	4. 2 NAME						
STREET ADDRESS			4.3 5	4.3 STREET ADDRESS						
CITY+ST-ZIP			4.4 CITY-ST-ZIP		T-ZIP				- Characa	- Addition
TITLE		☐ DELETE		5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STRE							
CITY-ST-ZIP					5.4 CITY-ST-ZIP 6.1 TITLE				Chara	[] Addition
TITLE		☐ DELETE							Change	Addition
NAME			6.2 NAME							
STREET ADDRESS			6 3 STREET ADDRESS							

14. Heret y certify that the informa ion 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 changes, or on an attachment with an address, with all other ke empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP