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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000083781

	n Name				
TRESCO	M INTERNATIONAL, INC.				
111,2000	MI HATELING THE STATES				######################################
Principal Place	of Business	Mailing Address			8910) (B189 lilit) (B88) (Bis) (int 188)
· ·		_			
1700 OLD MEAU		1700 OLD MEADOW ROAD			
MCLEAN VA 22 US	102	MCLEAN VA 22102 US		DO NOT WRITE IN	THIS SPACE
03		00		3. Date Incorporated or Qualifed	
				12/08/1993	
2 Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		65-0454571	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	r, e.c.	27		5. Certifcate of Status Desired	Fee Required
City & State	Α	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	_ ′	29 3	¬ ′	Personal Property Tax.	or mangions ☐Yes □No
24	9. Name and Address of Current	_ 	50	10. Name and Address of New Registe	
<u> </u>	g. Name and Address of Current	Kegistered Agent	81 Name		
ARNI	EY, CHAN B			Robert Stankey	
1	EAST BROWARD BLVD		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	FLOOR		83	1601 Sheridan St	
	AUDERDALE FL 33301			the Fl	
"	AUDENDALE PL 33301		84 City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code 2/
ļ			<i>}</i>		FL 3330 2/
11 Pursuant	to the provisions of Sections 607,0502	COT 4500 First - Otations			
-4500.01	i-torad agent or both in the State o	and 607.1508, Florida Statutes	s, the above-named C	corporation submits this statement for the purporation's board of directors. I bereby accept the a	se or changing its registered
office or re agent. I a	egistered agent, or both, in the State o m familiar with, an naccept the obligati	f And 607.1508, Florida Statutes of Florida. Such change was aut ofns of, Section 607.0505, Florid	s, the above-named c horized by the corpor da Statutes.	corporation submits this statement for the purporation's board of directors. I hereby accept the a	appointment as registered
	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	s, the above-named c horized by the corpor da Statutes.	orporation submits this statement for the purporation's board of directors. I hereby accept the a	ppointment as registered
office or re agent. I all SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, 8	Registered Agent signature red	guired when reinstating) DA*	-/ 20/ 7 7
	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE, R	Registered Agent signature red	<u> </u>	IS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, 8	Registered Agent signature red	guired when reinstating) DA*	-/ 20/ 7 7
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SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE, R	Registered Agent signature red 13. 1.1 TITLE	guired when reinstating) DA*	IS AND DIRECTORS IN 12
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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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

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CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition