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

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90045 014 ***158.75

DOCUMENT # S56082

DEUTSCH TECHNOLOGY, CORP.

Citiopai Clas	De Oi Busilless	Mailing Address					
PO BOX 39838 MIAMI BEACH JS		PO BOX 398381 MIAMI BEACH FL 33239 US				DO NOT WRITE IN THIS SPACE	·.
		•				3. Date Incorporated or Qualifed 05/30/1991	<u>.</u>
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
1		26				65-0270715 Not Applicat	ole 3
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	7
27		27				5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25	Zip 3	Cou	intry		8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Registered Agent	. <u> </u>
	57 37 8 32 A			81	Name	•	
	ITSCH, VICTOR J. 5 COLLINS AVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
SUF	RFSIDE FL 33154			83		1660 X 1970 16 16 16 16 16 16 16 16 16 16 16 16 16	ii I
		er e		84	City	FI 85 Zip Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the a	hove	e-named com	poration submits this statement for the purpose of changing its registered	
office or I	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was aut	horized	d by t	the corporati	on's board of directors. I hereby accept the appointment as registered	·
•	,	ans of, Section 607.0505, Fibrid	ia Stati	utes.			· [
SIGNATURE	Signature, typed of printed name of registered agent a	and title if applicable. (NOTE: R	egistered	l Agent	t signature require	nd when reinstating) DATE	_
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			86
TITLE	PTD	DELETE	1.1 7	TLE		Change ☐ Addi	(11/98
NAME	DEUTSCH, VICTOR J		1.2 NA	AME		PERSONAL STATE OF THE STATE OF	
STREET ADDRESS			1.3 ST	REET	ADDRESS		. 8
CITY-ST-ZIP	SURFSIDE FL		1.4 CF	TY-ST-	-7IP		R2E034
TITLE		DELETE .	2.1 TF			☐ Change ☐ Addi	
NAME		٠.	2.2 NAME				.
STREET ADDRESS		•	2.3 STRE		ADDRESS		
CITY-ST-Z#P			ITY-ST	T-ZIP	ر این در در این در در این در در این		
TILE	* 14 T 1/2/10 1	☐ DELETE	3.1 711			☐ Change ☐ Addi	іоп
IAME			3.2 NA	ME.			
TREET ADDRESS			3.3 ST	REET	ADDRESS	warters and to 1995 it outs the weathers in the personal	.
ITY-ST-ZIP			3.4. CI	TY-ST	r-zip	· · · · · · · · · · · · · · · · · · ·	
TILE		☐ DELETE	4,1 TI	TLE		、ない、におきにはは、単位と対象をは、Change 対点 🖸 Addi	ion
AME			4.2 N	AME		•	
TREET ADDRESS			1	The error	ADDRESS (
CITY-ST-ZIP	(h		4.3 ST	REE!			
		2		TY-ST-	-ZIP	and the second s	
	N	DELETE		TY-ST	-ZIP	☐ Change ☐ Addii	ion
TTLE		DELETE	4.4 CT	TY-ST-	-ZIP	☐ Change ☐ Addit	ion
TILE NAME		DELETE	4.4 CT 5.1 TT 5.2 NA	TY-ST- Tle VME	-ZIP ADDRESS		ion .
TTLE NAME STREET ADDRESS TTY-ST-ZIP	: Pers	DELETE	4.4 CT 5.1 TT 5.2 NA 5.3 ST	TY-ST- Tle VME	ADDRESS		ion
TTLE NAME STREET ADDRESS TTY-ST-ZIP	Basins Basins	DELETE	4.4 CT 5.1 TT 5.2 NA 5.3 ST	TY-ST- TLE VME REET/	ADDRESS		· .
ITLE WME STREET ADDRESS YTY-ST-ZIP ITLE	STATE OF STA		4.4 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CT	TY-ST- TLE WEET TY-ST- TLE	ADDRESS		· .
ITLE VAME STREET ADDRESS 'ITY- ST- ZIP TILE VAME TREET ADDRESS	Basins Basins		4.4 CF 5.1 TF 5.2 NA 5.3 ST 5.4 CF 6.1 TF 6.2 NA	TY-ST- TLE TREET / TY-ST- TLE	ADDRESS	☐ Change ☐ Addit	
ITLE VAME STREET ADDRESS ITY- ST- ZIP ITLE VAME	STATE OF STA		4.4 Cr 5.1 TIT 5.2 NA 5.3 ST 5.4 Cr 6.1 TIT 6.2 NA 6.3 ST	TY-ST- TLE TREET / TY-ST- TLE	ADDRESS - ZIP	☐ Change ☐ Addit	· .
TITLE IAME STREET ADDRESS TITY-ST-ZIP TITLE IAME TREET ADDRESS ITY-ST-ZIP	1 3450 4600 60 (4) 460 (4) 4600 000 6350 3 (30 584) 1	☐ DELETE	4.4 Cr 5.1 Til 5.2 NA 5.3 ST 5.4 Cr 6.1 Til 6.2 NA 6.3 ST 6.4 Cr	TY-ST- TLE AME TY-ST- TLE AME TREET TLE TY-ST- TLE TY-ST-	ADDRESS - ZIP ADDRESS - ZIP	☐ Change ☐ Addit	ion

of supplemental armular report is true and accurrate and that my signature shall have the same legal effect as it made under oath; that I am at 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.