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 Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90197 006 ***150.00

DOCUMENT # 300286 1. Corporation Name

TECH-REP ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address				1 (20)						.,,
5400 1ST AVE I	NORTH ·	5400 1ST AVE NORTH			ĺ							
SUITE 370		SUITE 370			i	DO MOT MIDITE IN THE SPACE						
ST PETERSBURG FL 33710		ST PETERSBURG FL 33710 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
US		us			3	. Date Inco		or Qualife	a .			
		To Martine Address							***		-	lied For
	lace of Business	2a. Mailing Address			4	4. FEI Number 59-1112336						Applicable
21		26			-	39 111	2000			0.0		
Suite, Apt,	ëte Suite #	Suite, Apt. #, etc. 27 Delete 50	iide	建井	5	. Certifcate	e of Status	Desired			ee Rec	dditional quired
City & Stat		City & State	T		6	. Election	Campaign	Financing		\$	5.00	May Be
23	•	28			1		nd Contrib		′ 🗆	,	dded to	
Zip	- Country	Zip	Country	,	8	. This corp	oration ov	ves the cu	rrent year	Intangible	Э	
24	25	29 30	ดิ			Personal	Property	Tax.		X Y6	es	□No
	9. Name and Address of Current	Registered Agent			10	. Name ar	nd Addres	s of New	Register	ed Agent		
			81	Name	;							
	RTS, PAGE		82	Ctrost	Address (D O Pov N	lumbor in 1	Not Accor	table)			
5400 1ST AVE NORTH			82	Street	t Address (P.O. BOX N	iumber is i	NOT ACCEL	nable)			
ST. F	PETE FL 33710		83									
			84	City		. <u>.</u>			F	85	Zip C	ode
Ad Discussed	to the provisions of Sections 607.0502	and 607 1509 Florida Statutos	the above	e-named	1 corporatio	on submits	this staten	nent for th			ina its i	registered
office or r	egistered agent, or both, in the State o	if Florida. Such change was auth	iorized by	the corp	poration's b	oard of dir	ectors. I he	ereby acc	ept the ap	pointmen	as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	; .								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Pr	alstored Age	ot eignature	required when	reinstation)			DATE			 -
					(circulating)			2.,.2				
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=12	OFFICERS AND	DIRECTORS	13.			ADDITION	IS/CHANG	ES TO C	FFICERS		ECTOR	RS IN 12
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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 scaver 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 prantitionment with an address, with all other like empowered.

SIGNATURE: