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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 # 670705					
1, Corporation Name					
TECHNIC	QUE REALTY, INC.				- CHRICE BEIN (BBIN BEN) 1881 80(0) 81(0) 81(0) 81(0) 81(0) 81(0) 81(0) 81(0) 81(0) 81(0) 81(0) 81(0) 81(0) 81
Principal Place of Business Mailing Address					I (1891/8 grin) (69)) ggiri 180/; 60/01 grin 9/01/ grott grott grott grott grott grott
11382 PROSPERITY FARMS RD. 11382 PROSPERITY FARMS RD.			D.		
# 130 # 130			0440		DO NOT WRITE IN THIS SPACE
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410			3410		3. Date Incorporated or Qualifed
					05/20/1980
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26				. 2	59-1999626 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional
22 27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23	Oto	28			Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 30	Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes
24	9. Name and Address of Current	<u> </u>	<u>''</u>		10. Name and Address of New Registered Agent
			81	Name	
	, JACK S. C/O MEROLA &COX		82	Stront	t Address (P.O. Box Number is Not Acceptable)
4400 PGA BLVD			02	Sueet	Address (F.O. Box Humber is Not Acceptable)
STE 201			83		
PAU	M BEACH GARDENS FL 33412		84	City	85 Zip Code
				,	FL '
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 of the corporation's board of directors. I hereby accept the appointment as registered					
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement of the purpose of changing is 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		(A)OTE B			required when reinstating) DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		gistered Agen	t signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		P Change Addition
NAME	ANDERSON, MICHAEL J.		1.2 NAME]		Michael J. Anderson
STREET ADDRESS	106 SANBORNE DR.				2270 Wilsee Road
CITY-ST-ZIP	PALM BEACH GRDNS FL		1.4 CITY-ST-ZIP		Palm Beach Gardens, FL 33410
TITLE	TS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAMILA, DAVID W.		2.2 NAME	_	
STREET ADDRESS	11962 SE TIFFANY WAY		2.3 STREET	ADDRESS	5
CITY-ST-ZIP	TEQUESTA FL		2.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET		
TITLE		☐ DELETE	3.4. CITY-S 4.1 TITLE	1-ZP	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	3
CITY-ST-ZIP	•		4.4 CITY-S		
TITLE		☐ DELETE	5.1 TITLE		. ☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	s
CITY-ST-ZIP			5.4 CITY-S	T- ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		,

bees not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an expower of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered. 14. I hereby certify that the information supplied indicated on this annual report or supplemental annual report officer or director of the corporation or the eceiver or director of the corporation of the eceiver or director of the corporation of the eceiver or director of the corporation of the eceiver of t

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

₩ REMichael J. Anderson

561-627-4744

Daytime Phone #