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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90015 015 ***158.75

DOCUMENT # F96000004597

1. Corporation Name
TYTEK EQUIPMENT CO., INC.

Principal Place of Business
3374-B MOFFETT RD.
MOBILE AL 36607

Mailing Address
3374-B MOFFETT RD.
MOBILE AL 36607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1996

4. FEI Number

63-1053972

Applied For
No. Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 4164 MOFFETT ROAD

Suite, Apt. #, etc.

22

City & State

23 MOBILE, AL

Zip

24 36618

Country

25 USA

2a. Mailing Address

26 4164 MOFFETT ROAD

Suite, Apt. #, etc.

27

City & State

28 MOBILE, AL

Zip

29 36618

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box: Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE

NAME BEARD, KERRY

STREET ADDRESS 3374-B MOFFETT RD.

CITY-ST-ZIP MOBILE AL 36607

TITLE VD ☐ DELETE

NAME MAISEL, ELLIOT

STREET ADDRESS 3374-B MOFFETT RD.

CITY-ST-ZIP MOBILE AL 36607

TITLE SD ☐ DELETE

NAME BRONSTEIN, MIKE

STREET ADDRESS 3374-B MOFFETT RD.

CITY-ST-ZIP MOBILE AL 36607

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4164 MOFFETT ROAD

1.4 CITY-ST-ZIP MOBILE, AL 36618

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4164 MOFFETT ROAD

2.4 CITY-ST-ZIP MOBILE, AL 36618

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 4164 MOFFETT ROAD

3.4 CITY-ST-ZIP MOBILE, AL 36618

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-99 (384) 344-1834

CR2E034 (11/98)