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 # G17430

TECH-DEVICES, INC.

Principal Place of Business	Mailing Address
% NORMAN R ENDAHL	% Norman R endahl
9845 WEDGEWOOD LANE	9845 Wedgewood Lane
LEESBURG FL 34788	Leesburg Fl 34788

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90142 027 ***150.00



% NORMAN R ENDAHL % NORMAN R ENDAHL 9845 WEDGEWOOD LANE 9845 WEDGEWOOD LANE LEESBURG FL 34788 LEESBURG FL 34788				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 01/01/1983			
2	Principal Place of Business	2a. Mailing A	ddress			4. FEI Number		Applied For	
21	1 '	26				59-2244143		Not Applicable	
22	Suite, Apt. #, etc.	Suite, Ap	. #, etc.		-			5 Additional Required_	
23	City & State	City & St	ate			6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
24	Zip Country	Zip 29	Cou 30	intry		This corporation owes the current year Intan Personal Property Tax.	gible Yes	□No	
	9. Name and Address of Cu					10. Name and Address of New Registered Ag	jent		
			· · · ·	81	Name				
ENDAHL, NORMAN R 9845 WEDGEWOOD LANE			82	Street Address (P.O. Box Number is Not Acceptable)					
	LEESBURG FL 34788			83					
				84	City	EI	85	Zip Code	

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. (NOT	E: Registered Agent signature n	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ENDAHL, NORMAN R.	1.2 NAME	
STREET ADDRESS	9845 WEDGEWOOD LANE	1.3 STREET ADDRESS	·
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ENDAHL, MARGARET F.	2.2 NAME	`
STREET ADDRESS	9845 WEDGEWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 C/TY-ST-Z/P	
TITLE	☐ DELETE	. 5.1 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	in Section 110 07/2/Vi) Florida Statutes further certify that the information

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.

