Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90050 025 ***150.00

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 # CG1970

Corporation	TECH CORPORATION				
Principal Place	e of Business	Mailing Address			BIBIT BIBIT BIBIT BIBIT SABIT SABI
2843 MERCURY RD P JACKSONVILLE FL 32217 J		PO BOX 57030 JACKSONVILLE FL 32241-030 US	ı	DO NOT WRITE IN THE	S SPACE
				 Date Incorporated or Qualified 09/29/1983 	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2333132	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	_Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29 3	Country	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ⊠ No
24	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered	
	J. Hallo dila Hadibab at Ballan		81 Name	47	
PRICE, JACK			82 Street	Address (P.O. Box Number is Not Acceptable)	
6110-13 POWERS AVE				R 7 R KIM RD	
JACH	SONVILLE FL 32217		83	76 /2	
			84 City		85 Zip Code
				CKSONALLE FI	L 32219
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was autitions of Section 607.0505, Florida	the shove-named	corporation submits this statement for the purpose coration's board of directors. I hereby accept the appoint	f changing its registered pintment as registered
SIGNATURE-	Streature trood or posetri name of registered agen	ــــــــــــــــــــــــــــــــــــــ	egistered Agent signature r	ے برہال 6	1988
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change
NAME	PRICE, JACK		1.2 NAME		
STREET ADDRESS	6110-8 POWERSAVE.		13 STREET ADDRESS	8378 KIM RD	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CiTY-ST-ZIP	TALKSONVILLE FLA 32217	
TITLE	SD	☐ DELETE	2.1 TITLE		Change Addition
NAME	PRICE, JUDITH L		2.2 NAME		
STREET ADDRESS	6110-13 POWERS AVE.		2.3 STREET ADDRESS	8378 KIM RD	
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZJP	JACKSONVILLE, FLA 322	7
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		— — — — — Addisina
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	211,277	☐ Change ☐ Addition
TITLE		□ beccit	5.1 TITLE 5.2 NAME		
NAME CTREET ADDRESS		•	5.3 STREET ADDRESS	•	
STREET ADDRESS			54 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		3	62 NAME		<u> </u>
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP 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 all other like empowered.

SIGNATURE:

STREET ADDRESS

JACK PRICE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR