**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # H70195

1. Corporation Name

TEHAN ASSOCIATES, INC.

Principal Place of Bus	1	
-3579 PLANDFIN DR	アン30	Industrial
SARASOTA FL 34231-		

Mailing Address

PO BOX 25097

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90112 032 \*\*\*150.00



SARASOTA FL :	34231-34234	SARASOTA FL 34277	SARASOTA FL 34277			DO NOT WRITE IN THIS SPACE						
~							corporated or 17/1985	Qualifed				
2. Principa Pla	ace of Business	2a. Mailing Address				4. FEI Nu	mber				Арр	lied For
21		26				59-26	372288				Not	Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				E Cortifo	ate of Status D	esired	1			ditional
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24	25	29	30				al Property Ta:			☐ Ye	s	_No
	9. Name and Address of Curr	ent Registered Agent				10. Name	and Address	of New Regi	ster∉d	Agent		
				81 Nam	ne							
	an, harry g			82 Stree	et Ar dres	e /P O Box	Number is No	t Accentable)	<del></del> -			
	PLANTATION DR.			02 Street	et At ties	s (F.O. DO)	Number is No	( Acceptable)	,			
SAR	ASOTA FL 34231			83							•	
				84 City					FL	85	Zip C	ode
	to the provisions of Sections 607.0	EOC and CO7 1509 Florida Sta	tutos the e	hove name	ad or more	ation eubmi	e this statemer	at for the pur	nose of	f changi	na its	egistered
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te ct Florida. Such change wa	s Jutnorized	i by the co	prporation'	s board of o	lirectors. I here	by accept the	e apr o	intment	as reg	stered
SIGNATUFE									DATE			
	Signature, typed or printed na ne of registered a	,	OT E: Registered	Agent signatu	ire regi ired w		NIO/OLIANOE		<u> </u>	NO DIB	ECTO	2C IN 12
12.		AND DIRECTORS  DELETE	13.	T) C	-	ADDITIO	NS/CHANGE	S TO OFFICE	<u>= 10 - 1</u>			Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR