FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # H93711

(0)

TECHNIQUE ENGINEERING, INC.

Principal Place	e of Business	Mailing Address		1 IBBNAN OND COHOD TAKE LODGE BITCH LIGHT OLDEN OFDER OFDER BITCH GIGHT OLDEN LODGE		
2184 SOUTH BLVD TAMPA FL 33606 US		218A SOUTH BLVD TAMPA FL 33608-2102 US				
•				3. Date Incorporated or Qualified 01/13/1986	3a. Date of Last Report 06/17/1996	
	lace of Business	2a. Mailing Address	-	4. FEI Number	Applied For	
21	di ala	Suite, Apt. #, etc.		59-2628483	Not Applicable \$8.75 Additional	
Suite, Apt.	म, etc	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30	Florida Statutes	or intangible tax under s. 199.032, Yes No	
· E.H	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New I	Registered Agent	
OVE	ERMAN, KENNY F.		B1 Name			
621 MARMORA AVENUE			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
TAN	APA FL 33606		83			
			84 City		FL 85 Zip Code	
11. Pursuant office or r agent I a	to the provisions of Soctions 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Florida	es, the above-named co authorized by the corpor orida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acc	e purpose of changing its registered cept the appointment as registered	
SIGNATURE.				1	DATE	
12.	Signature, typod or printed name of registered age OFFICERS AND		E: Registered Agent signature req		FICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	. Application of the state of t	Change Addition	
NAME	OVERMAN, KENNY F.		1.2 NAME		-	
STREET ADDRESS	621 MARMORA AVE.		1.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL		1.4 CITY - ST - ZIP			
TITLE	VO	DELETE	2.1 TITLE		Change Addition	
NAME:	PENHALLEGON, WILLIAM		2.2 NAME			
STREET ADDRESS	621 MARMORA AVENUE		2.3 STREET ADDRESS			
CHTY+ST+ZHI	TAMPA FL		2.4 CITY+ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		C progra	3 4. CITY+ST-ZIP		Change	
TUTLE		L] DELETE	4 1 TITLE		Change Addition !	
NAME			4.2 NAME			
STHEET ADDRESS			4.3 STREET ADDRESS			
CITY-SI-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	<u> </u>	Change Addition	
THLE		L. J DELCTE	5 2 NAME		21.30/g0 2130/g011	
NAME STOREL ADDRESS			5.3 STREET ADDRESS			
STREET ADDRESS					;	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAME		tand value	6.2 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS		1	
SINCEL AUUNESS	1		0.3 GIRELI ADDINESS	:	· : 1	

SIGNATURE:

14. I do 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.

FILED

May 05 1997 8:00am

Secretary of State