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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # J24627**

TECHNIK	(AL, INC.							
Oringinal Place	of Puoinono	Mailing Address				'	IA BUBAN BIBUN BABUN BIR	III QIDII IDDI
Principal Place of Business  P.O. BOX 14854  CLEARWATER FL 33766  US  Mailing Address  P.O. BOX 14854  CLEARWATER FL 33766  US				,		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  07/18/1986		
2 Principal Pl	ace of Business	2a. Mailing Address			<del></del>	4. FEI Number	App	lied For
21	30 3. 225555	26				59-2695217	Not	Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	<b>\$8.75</b> Ac Fee Req	
City & State	9	City & State				6. Election Campaign Financing	\$5.00 N	lay Be
23		28				Trust Fund Contribution	Added to	Fees
Zíp	Country	Zip	Cou	ntry		8. This corporation owes the current year		JNo
24	25	29	30			Personal Property Tax.  10. Name and Address of New Registere		110
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registers	a Agent	
	GO, NANCY TIMBERBROOKE DR			82		ress (P.O. Box Number is Not Acceptable)		
PALM HARBOR FL 34684				83	<del>,</del>			
				-			<del></del>	
					City		85 Zip C	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Suich change was	authorized	i dv tr	ne corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent					d when reinstating) DATE		i
		t and title if applicable. (NOI	E: Registered	Agent 1	signature require	d when reinstating) DATE		
12.	OFFICERS ANI		E: Registered	Agent :	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
12.					signature required		AND DIRECTOR	RS IN 12
	OFFICERS AND DP ALONGI, JEANNE M.	D DIRECTORS	13.	TLE	signature require			
TITLE	OFFICERS AND DP ALONGI, JEANNE M. 3953 ARLINGTON DR	D DIRECTORS	13. 1.1 TF 1.2 NA	TLE ME	ADDRESS			
TITLE NAME	OFFICERS AND DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL	D DIRECTORS	13. 1.1 T/ 1.2 N/ 1.3 ST	TLE ME	ADORESS		☐ Change	Addition :
TITLE  NAME  STREET ADDRESS	OFFICERS AND DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS	D DIRECTORS	13. 1.1 T/ 1.2 N/ 1.3 ST	TLE IME REET A	ADORESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M.	D DIRECTORS	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF	TLE ME REET A TY-ST- TLE	ADORESS		☐ Change	Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR	D DIRECTORS	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF 2.2 N/	TLE MME REET A TY-ST- TLE	ADORESS		☐ Change	Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685	D DIRECTORS  DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C	TLE REET A TY-ST- TLE TREET A TTY-ST-	ADDRESS ZIP ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685 VD	D DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI	TLE  TREET A  TY-ST- TLE  TREET A  TY-ST- TLE  TREET A	ADDRESS ZIP ADDRESS		☐ Change	Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685 VD ALONGI, JOSEPH J	D DIRECTORS  DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/	TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE	ADDRESS ZIP  ADDRESS -ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS ANI DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685 VD ALONGI, JOSEPH J 3953 ARLINGTON DR	D DIRECTORS  DELETE	13. 1.1 TT 1.2 N/ 1.3 S1 1.4 CI 2.1 TT 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1	REET A TY-ST- TLE TREET A TY-ST- TLE TREET A TY-ST- TLE TREET A	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	OFFICERS AND DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685 VD ALONGI, JOSEPH J	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C	TLE  WE TY-ST- TLE  WE TY-ST- TLE  WE TY-ST- TLE  WE TY-ST- TLE	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS ANI DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685 VD ALONGI, JOSEPH J 3953 ARLINGTON DR	D DIRECTORS  DELETE	13. 1.1 TT 1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT	TILE  REET A  TY-ST- TLE  TTY-ST- TLE  REET A  TTY-ST- TLE	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME	OFFICERS ANI DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685 VD ALONGI, JOSEPH J 3953 ARLINGTON DR	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 N/ 1.3 S1 1.4 CI 2.1 TT 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1 3.4 C 4.1 TT 4.2 N/ 4.2 N/ 4.2 N/ 4.2 N/ 4.3 TT	REET A TY-ST- TLE MME REET A TTY-ST- TLE TTY-ST- TLE TTY-ST- TLE TTY-ST- TLE TTY-ST- TLE	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS ANI DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685 VD ALONGI, JOSEPH J 3953 ARLINGTON DR	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	REET A TY-ST- TLE	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CONTACT OF THE STREET ADDRESS  CITY-ST-ZIP	OFFICERS ANI DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685 VD ALONGI, JOSEPH J 3953 ARLINGTON DR	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 N/ 1.3 S1 1.4 CI 2.1 TT 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1 3.4 C 4.1 TT 4.2 N/ 4.3 S1 4.4 CI	REET A TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE THE TY-ST- TLE TY-ST- TLE TY-ST- TLE	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	OFFICERS ANI DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685 VD ALONGI, JOSEPH J 3953 ARLINGTON DR	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	REET A TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS		☐ Change ☐ Change ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS ANI DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685 VD ALONGI, JOSEPH J 3953 ARLINGTON DR	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TT 1.2 N/ 1.3 S1 1.4 CI 2.1 TT 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1 3.4 .C 4.1 TT 4.2 N/ 4.3 S1 4.4 CI 5.1 TT 5.2 N/	TLE ME REET A TY-ST- TLE ME REET A TTY-ST- TLE AME REET A TTY-ST- TLE AME REET A TY-ST- TLE	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS ANI DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685 VD ALONGI, JOSEPH J 3953 ARLINGTON DR	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TT 1.2 N/ 1.3 S1 1.4 CI 2.1 TT 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1 3.4 C 4.1 TT 4.2 N/ 4.3 S1 4.4 CI 5.1 TT 5.2 N/ 5.3 S1	TLE ME REET A TY-ST- TLE ME REET A TTY-ST- TLE AME REET A TTY-ST- TLE AME REET A TY-ST- TLE	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS ANI DP ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL TS ALONGI, JEANNE M. 3953 ARLINGTON DR PALM HARBOR FL 34685 VD ALONGI, JOSEPH J 3953 ARLINGTON DR	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TT 1.2 N/ 1.3 S1 1.4 CI 2.1 TT 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1 3.4 C 4.1 TT 4.2 N/ 4.3 S1 4.4 CI 5.1 TT 5.2 N/ 5.3 S1	TLE  TY-ST- TLE  TTY-ST- TLE  TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST-	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	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.

JOSEPH

J. BLONGI