05-10-1999 90122 034 \*\*\*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 # **J33207**

ELECTRO	ONIC TECHNICAL SERVIC	E CORP.								
Principal Plac	e of Business	Mailing Add	ress					1881 81911 811	IN TITN BIBLIT	ieit 818t) 1891
12707 SW 117TH ST. 12707 SW 117TH ST. MIAMI FL 33186 MIAMI FL 33186 US US							DO NOT WRITE	IN THIS	SPACE	
00		00					3. Date Incorporated or Qualifed			
							09/11/1986			
Principal Place of Business     2a. Mailing Address						4. FEI Number		<del></del>	plied For	
26							59-2781620			t Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A		
City & Stat	te	City & S	City & State				6. Election Campaign Financing		\$5.00	•
23		28				_	Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Г	Countr	у		8. This corporation owes the currer	it year Inta		□No
24	25	29 29 Agrictored Ag		30			Personal Property Tax.  10. Name and Address of New Re	nistered /		
	9. Name and Address of Curr	ent Registered Ay		81	1 N	ame	10. Hallie and real obs of from the	9.0.0.	.3	
MAR	rtineau, Clinton				1	4	and ID O. Boy Number in Not Acceptab	10)		
12707 SW 117TH ST.			82	2 Street Addre		ess (P.O. Box Number is Not Acceptab				
MIAN	MI FL 33186			83	3					
				84	4 City			85 Zip Code		
		E02 and 607 4509	Elasida Statuta	e the abou	40.50	med como	oration submits this statement for the p	FL urnose of	changing its	registered
office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such i	change was au	ithorized by	y the	corporation	n's board of directors. I hereby accept	the appoir	itment as req	gistered
SIGNATURE								DATE		
OSTIGERO AND DIRECTORS					ent sig	USfale Ledantec	when reinstating)  ADDITIONS/CHANGES TO OFFI		D DIRECTO	RS IN 12
12. TITLE	PD		DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO GITT	OLINO MIN	Change	Addition
NAME	MARTINEAU, CLINTON			1.2 NAME						
STREET ADDRESS	40707 CM 447 CT			1.3 STREE	ET ADO	ORESS				
CITY-ST-ZIP	MIAMI FL 33186			1.4 C/TY-1	ST-ZIF	,				
TITLE			DELETE	2.1 TITLE					Change	☐ Addition
NAME				2.2 NAME	Ė					
STREET ADDRESS				2.3 STREE	ET ADI	ORESS				
CITY-ST-ZIP				2. 4 CITY-	ST-ZI	P				
TITLE			□ DELETE	3.1 TITLE					☐ Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	ET ADI	ORESS				
CITY-\$T-ZIP				3.4. CITY-		P			Change	- Addition
TITLE			OELETE	4.1 TITLE					☐ Change	Addition
NAME	1			4. 2 NAME						
STREET ADDRESS	<b>;</b>			4.3 STREE						
CITY-ST-ZIP			DELETE	4.4 CITY-	ST-ZIF				☐ Change	Addition
TITLE	1									
	1		Detere	5.1 TITLE 5.2 NAME					□ Change	
			Deceir	5.2 NAME	:	ORESS			□ change	
NAME STREET ADDRESS				5.2 NAME 5.3 STREE	ET ADI				□ Ollarige	
STREET ADDRESS CITY-ST-ZIP				5.2 NAME	ET ADI ST-ZIF				Change	Addition
			OELETE	5.2 NAME 5.3 STREE 5.4 CITY-1	ET ADI ST-ZIF				_ ·	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

4-21-99

305-380-7697