FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

~~1995~~ 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J36907 (0)

1. Corporation Name

TRITECH SERVICES INC.

Principal Place of Business	Mailing Address
4410 N STATE RD 7 STE 100 FT LAUDERDALE FL 33319	4410 N STATE RD 7 STE 100 FT LAUDERDALE FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1986	3a. Date of Last Report: ~~06/06/1994~~ 5/1/95
4. FEI Number: 59-2731426	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 3111 UNIVERSITY DRIVE	26 3111 UNIVERSITY DRIVE
22 Suite, Apt. #, etc.: SUITE 700	27 Suite, Apt. #, etc.: SUITE 700
23 City & State: CORAL SPRINGS FL	28 City & State: CORAL SPRINGS, FL
24 Zip: 33065 25 Country: BROWARD	29 Zip: 33065 30 Country: BROWARD

9. Name and Address of Current Registered Agent

WITZEL, ROBERT C.
7459 NORTHWEST 34TH STREET
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	11 TITLE	☐ Change ☐ Addition
NAME	WITZEL, ROBERT C.	12 NAME	
STREET ADDRESS	7459 NW 34TH STREET	13 STREET ADDRESS	
CITY ST ZIP	LAUDERHILL FL	14 CITY-ST-ZIP	
TITLE	PS	21 TITLE	☐ Change ☐ Addition
NAME	WITZEL, ROBERT C.	22 NAME	
STREET ADDRESS	7459 NW 34TH STREET	23 STREET ADDRESS	
CITY ST ZIP	LAUDERHILL FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, JOANNE M/	32 NAME	
STREET ADDRESS	9451 N W 44TH PLACE	33 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	200001853132 -06/06/96--01028--003 ***208.75
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: R C W PRES. ROBERT C. WITZEL 4/29/95 305-484-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone