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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 06 1998 8:00am Secretary of State

1. Corperation	MENT # M39090 TECH ENTERPRISES, INC.	) (9)			
Principal Place of Business Mailing Address					844 01011 Didil Bibil 81011 1001
C/O N. LLO	YD BURROWS TH CT. #108 E	C/O N. LLOYD BURROV 5401 SW 77TH CT. #10 MIAMI FL 33155		DO NOT WRITE IN THE  3. Date Incorporated or Qualified  00/26/1096	S SPACE
2. Principal f	Place of Business	2a. Mailing Address		09/26/1986 4. FEI Number	Applied For
<del></del>		26		59-2721002	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23 Zin	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	current year Intangible
241	9. Name and Address of Current	11	30	10. Name and Address of New Registere	
BURROWS, N. LLOYD 81 Name					
5401 SW 77TH CT,			OO Chanak Andria	(D.O. Day Mysshau in Nat Annastable)	
#108 E			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33155			83		
			84 City	<u>,</u>	85 Zip Code
			1 1 3	F	
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    Signature, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12					
12.	PD OFFICERS AND	DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AI	Change Addition
NAME	BURROWS, N. LLOYD		1.2 NAME		C onange C Addition
STREET AODFESS	P. O. BOX 8788 N/A		1.3 STREET ADDRESS		[5
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY - ST - ZIP		إ
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDFESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2. 4 CITY-ST-ZIP		
TITLE		■ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		Dr. cre	3.4, CITY-ST-ZIP		0
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		i	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
14 I harchy o	earlify that the information examined with	this filing does not qualify for	or the exemption stated in	Section 119 07(3)(i) Florida Statutes, Lifurther of	certify that the information

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.

SIGNATURE:

M. Mind BUREA BEQUIRED

1/31/98

305-595-1580