**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

## Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90074 044 \*\*\*150.00

7. Corporation	TIVE FABRICATION, INC.	•					
Principal Place of Business Mailing Address					( IDMINNII en comm train deue bres men	1 <b>818</b> 21 <b>916</b> 11 <b>919</b> 11	A1911 B1811 1941
755 INDUSTRY ROAD SOUTH 755 INDUSTRY ROAD SOUTH							
COCOA FL 32926 COCOA FL 32926					DO NOT MUDITE IN TH	IC CDACE	
us <b>us</b>					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 03/14/1988	<del></del>	
2. Principal P	lace of Business	2a. Mailing Address		-	4. FEI Number	<u> </u>	pplied For
21	26				65-0033059		ot Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	T -	Additional equired
22							
		├ <b>-</b>	y & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23	Country		Country		This corporation owes the current year I		
Žip	25 29 <u>30</u>		•••		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren	<del></del>			10. Name and Address of New Registere	d Agent	
5. Name and Address of Content Registered Agent				Name			
FISHER TERRENCE S				011 1	dress (P.O. Box Number is Not Acceptable)		
7260 JUPER ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
COCOA FL 32927			83			·	
					<u></u>	lesi Zin	Code
			84 City		F	L 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 re- 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							s registered egistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Agen	1 signature requi	red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	101		1.1 TITLE			☐ Change	☐ Addition
NAME	TIOTIEN, TENTENCE O.		1.2 NAME				1
STREET ADDRESS	1 7200 001 E11 110/E		1.3 STREET	ADORESS			Į.
CITY-ST-ZIP	0000,1120,000		1,4 CITY-S1	r-zip			D Addition
TITLE	D.	☐ DELETE	2.1 TTLE			☐ Change	☐ Addition
NAME		FISHER, TERRENCE S. 22N			and the same of th		
STREET ADDRESS	7200 05; E		2.3 STREET	ADDRESS			
CITY-ST-ZIP	0000/// 2 0202/		2.4 CITY+S	T-ZIP		Change	Addition
TITLE			3.1 TITLE				L Addison
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADORESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		Change	Addition
TITLE		CT DETEIR	4.1 TITLE	}		o	
NAME			4. 2 NAME	ADDDESS			
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP			4.4 CITY-ST 5.1 TITLE	1-217		☐ Change	Addition
TITLE		□ veceit	5.2 NAME	Ì	•		_
NAME		•	5.3 STREET	ADDRESS			
STREET ADORESS			5.4 CITY-S				
TITLE		☐ DELETE	6.1 TITLE		<del></del>	Change	Addition
NAME	Fig. 3. Sec. 14.		62 NAME			_	-
STREET ADDRESS	12 8 8 7 8 K 8 8		6.3 STREET	ADDRESS			{
CITY-ST-ZIP			6.4 CITY-S				

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.

SIGNATURE