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 # P93000001182

TRI-TECH FINANCIAL CORP.	
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<u> </u>	

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90007 003 ***150.00

Principal Place of Business Mailing Address					# IMMINGAN CIAN IBERUM SUCTI MBANI MUNIS BARSE MI	ALL MAINT (1944)	1001 (01)(0)(01) (00)	
5322 NW 116 AVE CORAL SPRINGS FL 33076 US 5322 NE 116 AVE CORAL SPRINGS FL 33076								
				, i				
00		US				DO NOT WRITE IN TH	IIS SPACE	
İ						3. Date Incorporated or Qualifed		
2. Principal	Place of Business	2a. Mailing Address				12/31/1992 4. FEI Number		
21		26				65-0381578		Applied For
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				00-030 1070		Not Applicable
22		27				5. Certifcate of Status Desired		5 Additional Required
City & State City & State						6. Election Campaign Financing		
23		28				Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the current year		d to rees
24	25	29	30		ŕ	Personal Property Tax.	Yes	□No
<u> </u>	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registers	d Agent	
\A/L45	TNEY, JON		81	Nan	ie	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	N.	
	2 NW 116TH AVE		82	Stre	et Addres	ss (P.O. Box Number is Not Acceptable)	(a) . F (b) (b)	14-716-41
	RAL SPRINGS FL 33076). / Ida (O	oo (1 ; o. box (10mber is 110t Acceptable)		
001	VAL OF HINGS PL 350/6	e	83					
		,	84	City				
				1		F		p Code
11. Pursuant office or r	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the abov	e-name	d corpor			its registered
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, Flo	iutnorized by irida Statutes	the co i.	poration	ation submits this statement for the purpose of submits the statement for the purpose of submits the submits the submits the submits the submits at the submits th	ointment as r	registered
SIGNATURE	-					1-4-	99	
12.	Signature typed or printed name of registered a		: Registered Age	nt signatui	e required w	when reinstating) DATE		
TITLE	P OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
NAME	,	☐ DELETE	1.1 TITLE		ļ		☐ Change	B ☐ Addition
STREET ADDRESS	WHITNEY, SHARI 5322 NW 116 AVE		1.2 NAME					ł
			1.3 STREET	ADORES	s			
CITY-ST-ZIP TITLE	CORAL SPRINGS FL	□ acter	1.4 CITY-S	-ZIP			·	
NAME		☐ D€LETE	2.1 TITLE			!	☐ Change	Addition
STREET ADDRESS	MHITHEY , JOH		2.2 NAME			÷ .		1
		e	2.3 STREET		3	- − − − − − − − − − − − − − − − − − − −		-
CITY-ST-ZIP TITLE	CORAL SPRINGS		2. 4 CITY-S	T-ZIP			*	
NAME		☐ DELETE	3.1 TITLE				Change	Addition
STREET ADDRESS			3.2 NAME					i
CITY-ST-ZIP			3.3 STREET		;			
TITLE			3.4. CITY- S	r-ZIP				
NAME		☐ DELETE	4.1 TITLE		1		Change	☐ Addition
STREET ADDRESS			4, 2 NAME					
			4.3 STREET		1			ļ
TITLE		☐ DELETE	4.4 CITY-ST	-ZIP				
NAME		□ nere is	5.1 TITLE		İ		☐ Change	☐ Addition
STREET ADDRESS			5.2 NAME	4DDD				
CITY-ST-ZIP			5.3 STREET		İ			ĺ
TITLE		☐ DELETE	5.4 CITY-ST	ZIP	₩—			
NAME		LJ DEFEIF			ĺ		☐ Change	☐ Addition
STREET ADDRESS			6.2 NAME					
CITY-ST-ZIP			6.3 STREET		İ	•		
V			■ BACHY-CT	4144				

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 effect 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:

954-796-0877