Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90214 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000076379

1. Corporation Name

	TION TECHNICAL SERVICE				***				
,	of Business	Mailing Address				ļ			
P O BOX 15368 P O BOX 15368 PLANTATION FL 33318 PLANTATION FL 33318									
						DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualif 10/29/1993 	ed	_	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		· Ar	oplied For
21 26						65-0453759			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		*	Additional equired
City & Stat		City & State	City & State			6. Election Campaign Financia			May Be
23			28			Trust Fund Contribution	" 🗆		to Fees
Zip	Country Zip Cou					8. This corporation owes the o	urrent year Ir	tangible	.,
24	25	29 30		_		Personal Property Tax.		☐ Yes	24 0
	9. Name and Address of Curre	nt Registered Agent		,		10. Name and Address of Ne	w Registered	Agent	
ecu.	LILTZ DICUADO A		81	Name	•		-		
SCHULTZ, RICHARD A 7410 SW 4TH ST				Stree	t Addre	ss (P.O. Box Number is Not Acc	eptable)		
PLANTATION FL 33317							·		
i LA	11/11/01/11/2 303//		83					_	
	•		84	City			FI	85 Zip	Code
AFFAA AF F	opintored agent or both in the State	02 and 607.1508, Florida Statutes, the of Florida. Such change was author ations of, Section 607.0505, Florida 9	ZOO DV	the cor	d corpo poration	ration submits this statement for n's board of directors. I hereby ac	cept the appo	f changing its intment as re	registered egistered
OIONATORE	Signature, typed or printed name of registered ag-			nt signature	beniupen e	when reinstating)	DATE		
12.			13.		T	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO ☐ Change	Addition
TITLE	P SCHULTZ, RICHARD A		1 TITLE					change	ا العقالات
NAME	444 004 4711 07		.2 NAME	T 4 D D D C C	.				}
STREET ADDRESS	PLANTATION FL	TATION E		TADDRES	•		•		
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NAME]:	2 NAME						
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CITY-ST-ZIP			4. CITY- S	ST-ZIP_					
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CITY-ST-ZIP			4 CITY-S	T-ZIP	+			☐ Change	Addition
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CITY-ST-ZIP			I TITLE		+			☐ Change	Addition
NAME		_ DEL.	2 NAME					— , ,	****
STREET ADDRESS	MAN PERSON			T ADDRES	s		÷		
CITY-ST-ZIP		.	4 CITY-S	T-ZIP					
						antion 110 07/3V() Florida Statut			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR