PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085456

TECHNICAL KNOCKOUT, INC.

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Mar 11, 1999 8:00 am
Secretary of State
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BUFFALO NY 14205							DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified					
							12/10/1993	or Qualifeo				
2. Principal F	Place of Business	2a. Mailir	ng Address			4	, FEI Number			A	Applied For	
21 9791 West Sample Rd.		26	+				65-0454234				lot Applicabl	<u>e</u>
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				. Certifcate of Status	Desired		·	Additional	
22		27									Required	
City & Stat		' "	& State			6	Election Campaign	-		* - · - ·	May Be	
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Zip	Country	Zip	r.	30	y	8	 This corporation or Personal Property 		ent year Inta	angible □Yes	. □No	
24 33065	9. Name and Address of Current	29 Registered		30). Name and Addres		egistered /			┪
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GUN	MSON, RICHARD P				ļ. <u> </u>							_
6390	0 Indiantown RD			82	Street	Address (P.O. Box Number is	Not Accepta	ple))
JUP	ITER FL 33458			83	, -		·					\dashv
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				84	City				FL	85 Zip	Code	1
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.150	8. Florida Statutes	s, the abov	re-named	corporatio	on submits this stater	nent for the		changing if	ts registered	-
office or r	registered agent, or both, in the State of	of Florida, Suc	h change was au	thorized by	the corp	oration's b	poard of directors. I h	ereby accep	t the appoir	ntment as i	egistered	-
	,	ions or, Secur	JII 607.0305, FIQIN	da Statutes	>.							-
SIGNATURE												
	Signature, typed or printed name of registered agent	and title if applicat	le. (NOTE:	Registered Age	nt signature	required when	reinstating)		DATE			_
12.	Signature, typed or printed name of registered agen OFFICERS ANI			Registered Age	nt signature	required when	reinstating) ADDITIONS/CHANG	SES TO OFF		D DIRECT	ORS IN 12	
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14. I hereby certify that the information supplied with this thing 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 the 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 of trustee employered 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 land dress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR