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 # P93000085646

INTEL-TEC, CORPORATION

	_						
Principal Place of Business Malling Address							
1398 DUNHILL DR. 1398 DUNNHILL DRIVE							
LONGWOOD FL 32750 LONGWOOD FL 32750						DO NOT WRITE IN THIS SPACE	
US						3. Date Incorporated or Qualifed	
						12/15/1993	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21		— ·	26			59-3213925 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional	
22		27	27			5. Certificate of Status Desired Fee Required	
City & State	•	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country				This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax. Yes No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	
0.40	O EEDMANDO			81	Name	me	
PARIS, FERNANDO				82	2 Street Address (P.O. Box Number is Not Acceptable)		
	E OAKLAND PARK BLVD						
	CHANDON DRIVE			83			
UKD	ANDO FL 32825			84	City	85 Zip Code	
	<u></u>					FL S Z S S S S S S S S	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta	itutes, the a	bove Lbv	e-named the corr	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Stat	utes		, , , ,	
SIGNATURE						abura required when reinstating) DATE	
	Signature, typed or printed name of registered a		OTE: Registered	Agen	t signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		AND DIRECTORS DELETE	1,1 TI	—		ABBITIONG INVESTIGATION AND SILE Addition	
TITLE	PD CARDALES MYDON	D 050515		1.2 NAME			
NAME	CABRALES, MYRON				ADDRESS	occe /	
STREET ADDRESS	1398 DUNHILL DRIVE		1				
CITY-ST-ZIP	LONGWOOD FL 32750	☐ DELETE		1.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	PT CAPPAIRS LILVAM		J	2.2 NAME		}	
NAME	CABRALES, LILLYAM				ADDRESS	.)	
STREET ADDRESS	1398 DUNHILL DRIVE			_	T-ZIP	· I	
CITY-ST-ZIP TITLE	LONGWOOD FL 32750 VS	☐ DELETE		_	11-211	Change Addition	
i	CABRALES, MYRON		3.2 N				
NAME	1398 DUNHILL DRIVE				TADORESS	RESS	
STREET ADDRESS	LONGWOOD FL		1		T-ZIP		
CITY-ST-ZIP TITLE	LONGWOOD I L	☐ DELETE			,1- <u>ZII</u>	☐ Change ☐ Addition	
NAME			4.21	AME			
STREET ADDRESS			4.3 STREET ADDRESS		TADDRESS	RESS	
CITY-ST-ZIP					T-ZIP		
TITLE		☐ DELETE				Change Addition	
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S	TREE	TADDRESS	RESS	
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 T	ITLE	-	☐ Change ☐ Addition	
NAME		, /	6.2 N	AME			
STREET ADDRESS			6.3 S	TREE	T ADDRESS	RESS	

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information a and accurate and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in n this filing does no annual report is trye ver or trustee empoy 14. I hereby certify that the information supplied wir indicated on this annual report or supplemental officer or director of the corporation or the jece Block 12 or Block 13 if changed, or on an attack. execute this report all other like empor

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90024 021 ***150.00