

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 7:42

TALLAHASSEE, FLORIDA

DOCUMENT # P94000003371

1. Corporation Name

EXECTEC, INC.

Principal Place of Business

Mailing Address

113 LAKE EMERALD DR.
#408
OAKLAND PARK, FLA 33309

500001485375

-05/12/95--01026--001

****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/5/1993

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 473 SPINNAKER

25 473 SPINNAKER

4. FEI Number

65-0457956

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 FORT LAUDERDALE

27 FORT LAUDERDALE

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33326 25 BROWARD

29 33326 30 BROWARD

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Chickering, Levi
113 LAKE EMERALD DRIVE
#408
OAKLAND PARK, FLA. 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 473 SPINNAKER

84 City

FORT LAUDERDALE

FL

85 Zip Code

33326

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 registered office or registered agent, both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Levi Chickering

Levi Chickering

4-7-95

(Signature, Title, and Printed Name of registered agent or officer or director)

(Signature, Title, and Printed Name of registered agent or officer or director)

(Date)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PSTD
CHICKERING, LEVI
113 LAKE EMERALD DR
OAKLAND PARK, FLA 33309

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

473 SPINNAKER
FORT LAUDERDALE, FLA 33326

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 (changed) or on an attachment with an address.

SIGNATURE:

Levi Chickering

4-7-95

305-384-4743

(Signature and Typed or Printed Name of Filing Officer or Director)

(Date)

(Telephone Number)