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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400050877

1. Corporation Name

	HNATIONAL TECHNICAL INDUS	INIEO, INO					
Principal	Place of Business	Mailing Address			-	INI AIIII ARIAN IANN IN	
,		2930 N.W. COMMERCE PARI	K DBIVE				
#3) N.W. COMMERCE PARK DRIVE 2930 N.W. COMMERCE PARK DRIV						
BOYNTON	ON BEACH FL 33426 BOYNTON BEACH FL 33426				DO NOT WRITE IN TH	IIS SPACE	
US ¦	US				3. Date Incorporated or Qualifed		}
ì	<u> </u>				07/05/1994		
2. Princip	ipal Place of Business 2a. Mailing Address				4. FEI Number	++	lied For
21	26 Suite Act # sto				65-0507609		Applicable
Suite,	Apt. #, etc	Suite, Apt. #, etc.	<u> جيت</u>		5 Certificate of Status Desired	\$8.75 Ac	
22		27				 -	·
	State City & State				6. Election Campaign Financing	\$5.00 A Added to	
23	28		Count		Trust Fund Contribution		rees
Zip	Country	Zip Count		У	This corporation owes the current year Personal Property Tax.		1 6
24		25 29 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registere		***************************************
	9. Name and Address of Current	Kadistaien Matit	8	1 Name	(d. Harris and Judges of the Fig.		
	LEMELL LEE		Ľ				
	2930 N.W. COMMERCE PARK DRIVE		8	2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	#3		8:	3			
	BOYNTON BEACH FL 33426			"			į
+				4 City	F	85 Zip Co	ode
44 Dige	inant to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	s, the abo		pration submits this statement for the purpose	of changing its r	egistered_
office	e or registered agent, or both, in the State of nt. I am familiar with, and accept the obligation	Florida. Such change was au	thorized b	v the corporation	n's board of directors. I hereby accept the app	pointment as regi	istered
SIGNAT	URE Signature, typed or printed name of registered agent in	MOTE: 9	Ongistered Ag	ent signature required	when reinstating) DATE		[
12.	OFFICERS AND		riogistarou Ag	Gut aigusture required			
		DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
HILE	<u> </u>	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12
MAME	D LEMENT IEE		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS		
NAME	LEMELL, LEE	☐ DELETE	1.1 TITLE 1.2 NAME	:	ADDITIONS/CHANGES TO OFFICERS		
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

-61-582-662V