PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # P9400065488

Katherine Harris Secretary of State

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90020 025 ***150.00



TECH CONSULTING, INC.				
Principal Place of Business	Mailing Address		<u> </u>	ilo esidi esili esoli 1010; tesi 1961
1407 MINK DRIVE 1407 MINK DRIVE			1	
APOPKA FL 32703 APOPKA FL 32703				WO 004.05
,			DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualifed 09/01/1994	
2 Drivering Place of Publicas	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business	26		59-3259430	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		_	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	· City & State		6. Election Campaign Financing	\$5.00 May Be
	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	
24 25		30	Personal Property Tax.	Yes No
9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	ad Agent
CASTIGLIONE, CHARLES				
1407 MINK DRIVE		82 Street Adda	ress (P.O. Box Number is Not Acceptable)	
APOPKA FL 32703		83		
14 0110112 02100				
		84 City	F	85 Zip Code
44 5 00 00 007 0700	and 607 1508 Florida Statute	s. the above-named corp	poration cubmits this statement for the numose	of changing its registered
11 Pursuant to the provisions of Sections 607 USU2				
office or registered agent or both in the State of	f Florida. Such change was au	thorized by the corporation	ion's board of directors. I hereby accept the app	pointment as registered
office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligati	f Florida. Such change was au	thorized by the corporation	ion's board of directors. I hereby accept the app	pointment as registered
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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