

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000069353 (8)**

To: Corporation Name

LINTECH SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or renewed 3a. Date of last report

09/19/1994

4. FFI Number

65-0562168

Applied Fee

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

3551 NW 91ST LN
SUNRISE FL 33351

3551 NW 91ST LN
SUNRISE FL 33351

22. State, Apt. #, etc.

27. State, Apt. #, etc.

23. City & State

28. City & State

24. Country

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PITTER, CARL S
7380 W ATLANTIC BLVD
MARGATE FL 33063

81. Name

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

83.

84. City

FL

85. Zip Code

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, or 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 obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Agent for Service)

(Signature of New Registered Agent or Agent for Service)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS, if any

1. NAME	D
2. ADDRESS	LINTON, MICHAEL
3. CITY & STATE	3551 NW 91ST LN
4. ZIP	SUNRISE FL 33351
5. NAME	D
6. ADDRESS	LINTON, GEORGE T
7. CITY & STATE	3551 NW 91ST LN
8. ZIP	SUNRISE FL 33351
9. NAME	
10. ADDRESS	
11. CITY & STATE	
12. ZIP	
13. NAME	
14. ADDRESS	
15. CITY & STATE	
16. ZIP	
17. NAME	
18. ADDRESS	
19. CITY & STATE	
20. ZIP	
21. NAME	
22. ADDRESS	
23. CITY & STATE	
24. ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. NAME	
4. NAME	
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
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16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	
21. NAME	
22. NAME	
23. NAME	
24. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct. I further certify that the information indicates I am the registered agent or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That any officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 427, Florida Statutes, and that my name appears in Block 12 of this document, or on an attachment with an address.

SIGNATURE:

Michael Linton

MICHAEL LINTON

5 10 95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR