FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 25 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

· ·	MENT # on Name TECH PLATING		0012977	(1)				100 801 801 901		
Principal Place of Business Mailing Address							1914 1004 1001 1001			
				16 NW 55TH AVE RGATE FL 33063				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
							02/15/1995			
2. Principal Place of Business 2a. Mailing Ad				iress			4. FEI Number	Applied For		
21		26				_65-0608088	Not Applicable			
Suite, Apl. #, etc. Suite, Apt. #, et							LE Centitionte of Status Desired	75 Additional		
27 City & State City & State								e Required		
23	16	28					.00 May Be Ided to Fees			
Zip	Country				Country		B. This corporation owes or has paid the current ye			
24	25	-	29	30		•	Personal Property Tax due June 30. Yes	□ No		
	g. Name and A	ddress of Curren	t Registered Agent				10. Name and Address of New Registered Agent			
l k	(ING, MARK				81	Name	е			
5161 NW 81 TERR					82 Street A		at Address (P.O. Box Number is Not Acceptable)			
LAUDERHILL FL 33351					Ĺ	L	, , , , , , , , , , , , , , , , , , , ,			
					83	3				
					84	City	85	Zip Code		
						1	, _, FL			
11. Pursuant office or i agent. I a	to the provisions of registered agent, or am familiar with, and	Sections 607.050; both, in the State Laccept the obliga	2 and 607.1508, Florida S of Florida. Such change t Itioris of, Section 607.050	itatutes, th was author 5. Florida	e abov rized b Statute	re-named by the corp es.	d corporation submits this statement for the purpose of chang proporation's board of directors. I hereby accept the appointme	ing its registered nt as registered		
SIGNATURE										
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS				Registered Agent signature require		re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIREC	TOPS IN 12		
TITLE	P	OF FIGERS AND	DELETE		.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIREC			
NAME	YOND, RICH	IARN P			2 NAME		VONO, Richard			
STREET ADDRESS 10201 NW 54TH PL.					1.3 STREET ADDRESS		(Constant			
CITY-ST-ZIP		INGS FL 33076		1	.4 CITY -	ST-ZIP				
TITLE			☐ DELETE		.1 TITLE		☐ Cha	nge 🔲 Addition		
NAME				2	.2 NAME					
STREET ADDRESS				2	.3 STREE	T ADDRESS		Ì		
CITY-ST-ZIP					4 CITY	ST-ZIP				
TITLE			☐ DELETE	1	.1 TITLE	i	Cha	nge 🔲 Addition		
NAME					2 NAME					
STREET ADDRESS						T ADDRESS		ļ		
CITY-ST-ZIP			☐ DELETE		.4. CITY-	ST-ZIP	Cha	nge Addition		
TITLE				- 1	.1 TITLE			inge L Addition		
NAME					. 2 NAME					
STREET ADDRESS						T ADDRESS	'			
CITY-ST-ZIP	L		DELETE		.4 CITY .1 TITLE	31-61	Cha	nge Addition		
NAME					2 NAME					
STREET ADDRESS						t address		Ì		
CITY-ST-ZIP				1	.4 CITY			ļ		
TITLE			DELETE		1 TITLE		Cha	nge 🔲 Addition		
NAME					2 NAME					
STREET ADDRESS				6	3 STREE	T ADDRESS				
CITY-ST-ZIP				6	4 CfTY-	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 arterest.