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

PROFIT
CORPORATION
ANNUAL REPORT
1006



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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T TO CONTROLLING,		00039393	(0)				
1	TEK, INC. OF CENTRAL FL	ORIDA	. ,				
Principal Place of Business		Mailing Address			DI DINI BUHA BUTA	il deini deier linie islei	I IIII IIII IIII IIII
709 - 7TH STREET, SE LARGO FL 34641		709 - 7TH STREET. SE LARGO FL 34641					
A Discharge				3. Date Incorporated c 05/17/1995		3a. Date of Last f	Report
2. Principal Pla 21	sce of Business	2a. Mailing Address 26		4. FEI Number			Applied For
Suite, Apt. #	ı, elc.	Suite, Apt. #, etc.		59-3313	000		Not Applicable
22		27		5. Certificate of Status	Desired		5 Additional Required
City & State		City & State		6. Election Campaign I	Financing		00 May Be
Zip	Country	[28] Zip		Trust Fund Contribu		Adde	ed to Fees
24	25	29	Gountry 30	8. This corporation has Florida Statutes			199.032,
	9. Name and Address of Curren			10. Name and Addres	☐ Yes s of New Re		
			81 Nam			gistored Agent	-
	ON, A. EDWARD		82 Stree	ot Address (P.O. Box Number is N	ot Acceptable		
	ULMERTON RD					·1	
	NTY PLAZA) FL 34648-1794		83				
LANGE	FC 34048-1794		84 City			- 85 Zi	ip Code
11. Pursuant to	the provisions of Sections 607,0502	and 607, 1508, Flooda Sta	tutes the above proved	companies a design for the second			•
or registere familiar with	o the provisions of Sections 607.0502 d agent, or both, in the State of Floric n, and accept the obligations of, Secti	da. Such change was autho	prized by the corporation	's board of directors. Thereby aced	t for the purpor	ose of changing its i	registered office
			toe	a series and a restriction of the colory asset	styr rue etablem	innericas registerec	z agent. i am
SIGNATURE			tes.	a succession of the copy and a	styr tille at about	ionen as registered	o agent. i am
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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 signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-96 (813)581-6200