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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

1996 DIVISION OF CORPORATIONS							
1. Corporation	i Name	0055583 (5)					
020-1	TEK INTERNATIONAL, INC.				T DE BESTÊ DE COME A BESTE BESTE DE COM	II AGAH ATATA JAWA AY	8) 8)(8) 18(8) (1)(168)
no en esta de la constanta del constanta de la							
Principal Place of Business Mailing Address							
1075 LEXINGTON COURT 1075 LEXINGTON COURT LARGO FL 34641 LARGO FL 34641							
	••••				Date Incorporated or Qualified	3a. Date of La	ist Beport
					07/14/1995	July 2 sto 5 r 2 s	.s. report
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #,					59-3327840		Not Applicable 3.75 Additional
22] 27					5. Certificate of Status Desired	1 1	Fee Required
City & State City & State					6. Election Campaign Financing	□ \$	5.00 May Be
23					Trust Fund Contribution		Added to Fees
Z ₁ ;1	Country 25	Zip 3	Country		This corporation has liability for Florida Statutes Yes	intangible tax und 	er ş 199.032,
	g. Name and Address of Curren				10. Name and Address of New F	Registered Agen	ı
			81	Name			
MICHAEL, CHUCK 1075 LEXINGTON COURT LARGO FL 34841			82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)	
			83				
DANGO	FL 34041			0.4		lac	Lanced
	_		84			FL 85	1 1
 Pursuant to or register 	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he above r	named corpor	ration submits this statement for the pured of directors. I hereby accept the app	rpose of changing ointment as regist	its registered office tered agent. I am
familiar wit	th, and accept the obligations of, Sect	ion 607.0505, Forida Statutes.	/	2	رس مد د	1120	
SIGNATURE: _	Signature, typod or printed name of registered spint	and title if applicable (NOTE: R	legistered Agen	nt signature require	xd when re-instating)	DATE	76
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12
TITLE	PRESIDENT					☐ Cha	ange 🔲 Addition
NAME	GNAS E MICHABL		1 2 NAME				
STREET ADDRESS	1075 LEXINGTON CT LANGO PL 34641		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CHY-ST-ZIP TITLE			2 1 TITLE			[Cha	ange Addition
NAME			2.2 NAME			_	
STREET ADDRESS	AESS 6140 APPOMISTTSY AL		2.3 STREET ADDRESS				
CITY-ST-ZIP	13061844 PC 84640		2.4 CITY-ST-ZIP				
TITLE	SEC - TRESUNE DELETE		3 1 TITLE 3 2 NAME			☐ Cha	ange 🔲 Addition
NAME STREET ADORESS	KARENA MICHARL		3.3. STREET ADDRESS				
CITY-ST-ZIP	1675 LEXING TO WELL		3.4 CITY-ST-ZIP				
TITLE			4. 1 TITLE		☐ Change ☐ Addi		ange Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST- ZIP			4.4 C(1Y - S	ST-ZIP		F-1 0c.	sone [7] Addition
TITLE			5. 1 TITLE			☐ Cha	ange 🛅 Addition
NAME STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	<u>.</u>		5.4 CITY - S				
TITLE			6. 1 THTLE			Ch:	ange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	T ADDRESS			
CITY - ST - ZiP			6.4 CITY - S	ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

Descriptors.

SIGNATURE: