


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90251 049 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000082645</b> 1. Corporation Name <b>TECHNITEL, INC.</b>					
Principal Place of Business 2526 PARMA ST. SARASOTA FL 34231			Mailing Address P.O. BOX 8819 SARASOTA FL 34230 4161 VALLARTA CT. SARASOTA, FL 34233		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/27/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0622459	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ROBINSON, YOLANDE 4161 VALLARTA CT. SARASOTA FL 34233			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		
85 Zip Code FL			86		
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		
[ ] DELETE			[ ] Change [ ] Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
[ ] DELETE			[ ] Change [ ] Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
[ ] DELETE			[ ] Change [ ] Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
[ ] DELETE			[ ] Change [ ] Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
[ ] DELETE			[ ] Change [ ] Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		
[ ] DELETE			[ ] Change [ ] Addition		

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/99

941-923-6158

Daytime Phone

CR2E034 (11/98)