H-14-98 B 4598 C-FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthaic

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025030 (3) 1. Corporation Name

TEKTREND INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



917-H REX PLACE MADEIRA BEACH FL 33708		317-H REX PLACE MADEIRA BEACH FL 33708			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/21/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-3500030 Applied For	
21		26			APPLIED FOR Not Applicable	
Suite, Apt. 22	<u></u>	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			§ Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Z)p 29	Country 30		8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No	
	g, Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
	Y, CLAUDETTE		81	Name		
	7 H REX PLACE DEIRA BEACH FL 33708		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
			83			
		•	84	City	B5 Zip Code	
11. Pursuant to	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida, Such change was itions of, Section 607.0505	utes, the above authorized by lorida Statutes	L e-named corp y the corpora s.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typod or printed name of registered ages				ricd when rolnstating) DATE	
12.	_ OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Ď	☐ DELET e	1.1 TITLE		☐ Change ☐ Addition	
NAME	HAY, CLAUDETTE M		1.2 NAME			
STREET ADDRESS	317-H REX PLACE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL 33708		1.4 CITY - S	T- ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME CORRECT ADDRESS	HAY, D R 317-H REX PLACE		2.2 NAME	ADDRESS		
STREET ADDRESS CITY-ST-ZIP	MADEIRA BEACH FL 33708		2.3 STREET 2.4 City-5			
TITLE	INTO CAST DESIGNATE GO. 60	☐ DELET E	3.1 TITLE	31.71	Change Addition	
NAME	•		3.2 NAME			
STREET ADDRESS:	•		3.3 STREET	ADDRESS		
CITY-ST-ZIP	1	· · · · · · · · · · · · · · · · · · ·	3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 THLE	1	Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S	T-ZIP	Change Addition	
NAME			5.1 TITLE 5.2 NAME		Crange Notation	
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		☐ DELETE	6.1 TITLE	1 - 71L	Change Addition	
NAME			6.2 NAME	}	La Council	
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-S	i		

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 armual report or suppliemental immual 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.