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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032373 (8)

WITTEK CORPORATION

**FILED** Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·	1	A DIEDA DIAMENTONI	(0000 HŲ INDI
602 BRENTWOOD PL BRANDON FL 33511 US		602 BRENTWOOD PL BRANDON FL 33511 US	BRANDON FL 33511			DO NOT WRITE IN TH	HIS SPACE	
						3. Date Incorporated or Qualified		
					<del></del>	04/09/1996		
2. Principal Place of Business		├ <del></del> ŋ	2a. Mailing Address			4. FEI Number		Applied For
21			[26]			59-3371945		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	Fee	5 Additional Required
City & State		City & State	28			6. Election Campalgn Financing Trust Fund Contribution	Adde	00 May Be ed to Fees
Zip	<u>}</u> ,			8. This corporation owes or has paid the current year in				
24	25 S	29	[30]			Personal Property Tax due June 30.  10. Name and Address of New Register	Yes	∐ No
9, Name and Address of Current Registered Agent					Name	10. Name BIO Address of New Register	ea Agent	
REEDY, MICHAEL CPA 2130 W. BRANDON BLVD #202					81 Name			
			82 5	Street Addres	reet Address (P.O. Box Number is Not Acceptable)			
BRA			83	<del></del>	<del> </del>			
				84 (	City		-L 85 Z	ip Code
44 Purement	a the provisions of Sections 507.05	02 and 607 1608 Florida Statul	toe the al	SOLID D	amed corpo	pration submits this statement for the purpos		a ite repistered
office or re	egistered agent, or both, in the State of familiar with, and accept the oblig	e of Horida. Such change was	authorized	d by th	ne corporatio	on's board of directors. I hereby accept the	appointment	as registered
SIGNATURE								
				j Agent s	signature required	d when reinstating) DAT  ADDITIONS/CHANGES TO OFFICERS A		ODC IN 10
12.	D OFFICERS AF	DELETE DELETE	13. 1.1 Tü	11.6		ADDITIONS/CHANGES TO OFFICERS A	Chang	
1	_							N EI AGGIRGI
NAME			1.2 N/		DD500			-
STREET ADDRESS	BOANDAN EI			REET ADI		•		1
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·		1.4 C1 2.1 T0	IY-ST-Z	(14)	<del></del>	☐ Chang	e Addition
1			2.1 N					,c La recilion
NAME								
STREET ADDRESS				2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP				. 1
CITY-ST-ZIP		DELETE	2.4 C		ZIP	<del></del>	Chang	e [] Addition
TITLE		[] ottett						e La Addition
NAME PARTY ADDRESS			3.2 N		paren			j.
STREET ADDRESS				REET ADI	l l			Ţ
CITY-ST-ZIP TITLE		DELETE	34. D	TY-ST-	LIP		☐ Chang	e
NAME		المام والماداد	4.1 II 4.2 N					, Caronion
STREET ADDRESS			1	REET ADI	1			
CITY-ST-ZIP TITLE		DELETE	5.1 Tr	TY-ST-Z	(IP		☐ Chang	e Addition
NAME		La precit	52 N/		1			
				reet adi	Dece			
STREET ADDRESS			4		1			
CITY-ST-ZIP		DELETE		TY-ST-Z	ur		☐ Chang	e
TITLE			6.1 TO				LT CURING	N LI NOGIOGI
NAME			62 N/		Doctor			
STREET ADDRESS				REET ADI	- 1			
CITY-ST-ZIP			64 CI	TY-ST-Z	ZIP ]			

14. Thereby 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 or the attachment with an address.