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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000040846 (3)

TRADE TECHNIQUES, INC.

CITY-ST-ZIP

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Spring Hill FL 34610

Change

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Principal Place of Business		Mailing Address					
12120 PILOT COUNTRY DRIVE SPRING HILL FL 34610		12120 PILOT COUNTRY DRIVE SPRING HILL FL 34610-7926					
					3. Date Incorporated or Qualified 05/06/1996	3a. Date of Last Re	port
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59- 3400158 Not Applicab		t Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 A		
City & State		City & State	´		Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zlp 24	Country 25	Zip 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statules Yes No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
TR	OUGHTON, JILL A		81	Name			
12120 PILOT COUNTRY DRIVE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
8P	ring Hill Fl 34610						
			83				
			84	City		FL 85 Zip C	Code
office or	nt to the provisions of Sections 607.0 r registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change wa	s authorized by	the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its at the appointment as	registered registered
SIGNATURE	Signature, lyped or printed name of registered a	agent and title if applicable (N	IOTE: Rea stored Age	nt signature ragu	uired when reinstating)	DATE	
12.			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
TITLE		☐ DELETE	1.1 TITLE		President	Change	★ Addition
NAME			1.2 NAME	'	1.11 A. Tonushlon		
STREET ADDRESS	s		1.3 STREET	ADDRESS	Jill A. Troughton	180	

1.4 CITY-ST-ZIP

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.5 STREET ADDRESS

5.3 STREET ADDRESS

54 CITY+ST-ZIP

4.4 CHY-S1-ZIP

34. CITY-\$1-7IP

2.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME

3.1 TITLE

32 NAME

4.1 THE

4.2 NAME

5 1 TITLE

52 NAME

___ DELETE

DELETE

DELETE

DELETE

TITLE

NAME

52 NAME

62 NAME

63 STREET ADDRESS

CITY-ST-ZIP

14. I do 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.

appears in Block 12 or Block 13 if changed, or on an attachment with an address.