**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000060777 (5) TECH TREK INC. Principal Place of Business Mailing Address 7729 JOOI LYNN DRIVE 7729 JODI LYNN DRIVE TAMPA FL 33815-1547 TAMPA FL 33615-1547 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1996 4. FEI Number 2. Principal Place of Business 21 4334 W. W. 2a, Mailing Address 4334 W. 26 59-3392957 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional  $\square$ 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 10mg Country USA 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHEHAB, MOHAMMAD M 7729 JODI LYNN DRIVE 82 TAMPA FL 33615-1547 83 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, 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. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes. BKERIDEN OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE NAME CHEHAB, ADNAN M 1.2 NAME 8309 ROYAL SAND CIR #207 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33615** 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE CHEHAB, MOHAMMAD M 22 NAME NAME 7729 JODILYNN DRIVE 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33615-1547 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change TITE F 3 1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5 1 TITLE TITLE NAME 5.2 NAME

Applied For

Not Applicable

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6 4 CITY-ST-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 on an attachment with an address

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

ADWAN CHEHAR SIGNATURE:

DELETE

STREET ADDRESS

STREET ADDRESS

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TITLE

NAME