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

PROFIT
CORPORATION
ANNUAL REPORT:
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000016686

1. Corporation Name

HAND TECHNICAL SALES INC

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90038 023 ***150.00

	COMMONE ONLEO, 1110.						
Principal Place	e of Business	Ма	iling Address				- \$ IDDIIROT (140 1013) (2003) ORBIT SOUS BUILD OBSOLUTORS ANSID BUIDT (0410 ANTI-CAR)
9 ELOISE CIRCLE		9 E	9 ELOISE CIRCLE				
			AOND BEACH FL 32176				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
O Driveries I D	less of Pusings		Mailing Address				02/17/1997 4. FEI Number Applied For
- -	lace of Business		Maining Address				59-3437603 Not Applicable
Suite, Apt.	# atc	26	Suite, Apt. #, etc.				\$8.75 Additional
22	<i>π</i> , οιο.	27	Cantol v that any area				5. Certificate of Status Desired Fee Required
City & State	e -		City & State		-		6. Election Campaign Financing \$5.00 May Be
23		28	•				Trust Fund Contribution Added to Fees
Zip Country			Zip Country				8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax.
	9. Name and Address of Curre	nt Regist	ered Agent				10. Name and Address of New Registered Agent
•					81	Name	
	D, JOHN D				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
9 ELOISE CIRCLE							, , , , , , , , , , , , , , , , , , , ,
ORMOND BEACH FL 32176					83	,	
					84	City	FL 85 Zip Code
	007.05		7.4500 El-11- Bread		ل_ل		
office or r	registered agent or both in the State	of Florid	 Such change was a 	uthorized	i nv	the corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of,	Section 607.0505, Floa	rida State	utes.		
SIGNATURE							when reinstating) DATE
40	Signature, typed or printed name of registered ag- OFFICERS A			Registered	Agen	nt signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D	/ J	DELETE	1.1 TI	n F		Change Addition
NAME	HAND, JOHN D	,	- '	1.2 N			
INMINE) HAND, JOHN D					TADDRESS	
OTDEET ADDDESS	A ELOISE CIDOLE			13.53	REET		
STREET ADDRESS							
CITY-ST-ZIP	9 ELOISE CIRCLE ORMOND BEACH FL 32176		□ DELETE	1.4 CI	TY-S		Change Addition
CITY-ST-ZIP TITLE			☐ DELETE	1.4 CI 2.1 TI	TY-ST		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	ORMOND BEACH FL 32176		☐ DELETE	1.4 CI 2.1 TI 2.2 N/	TY-ST TLE AME	T-ZIP	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORMOND BEACH FL 32176		☐ DELETE	1.4 CI 2.1 TI 2.2 No 2.3 ST	TY-ST TLE AME TREET	T-ZIP T ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORMOND BEACH FL 32176	<u>-</u>		1.4 CI 2.1 TI 2.2 N 2.3 ST 2.4 C	TY-ST TLE AME TREET	T-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORMOND BEACH FL 32176		☐ DELETE	1.4 CI 2.1 TI 2.2 N 2.3 ST 2.4 C 3.1 TI	TY-ST TLE AME TREET SITY-S TLE	T-ZIP T ADDRESS	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ORMOND BEACH FL 32176			1.4 CI 2.1 TI 2.2 No 2.3 ST 2.4 C 3.1 TI 3.2 No	TY-ST TLE AME TREET SITY-S TLE AME	T-ZIP T ADDRESS ST-ZIP	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORMOND BEACH FL 32176			1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST	TY-ST TLE AME TREET SITY-S TLE AME	T ADDRESS ST-ZIP T ADDRESS	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	ORMOND BEACH FL 32176			1.4 CI 2.1 TI 2.2 Nv 2.3 S' 2.4 C 3.1 TI 3.2 Nv 3.3 S' 3.4 C 4.1 TI	TY-ST TLE AME TREET TLE AME TREET TREET	T ADDRESS ST-ZIP T ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	ORMOND BEACH FL 32176		☐ DELETE	1.4 Cl 2.1 Tl 2.2 Nv 2.3 Si 2.4 C 3.1 Tl 3.2 Nv 3.3 Si 3.4 C 4.1 Tl 4.2 Nv	TY-SITLE AME TREET TLE AME TREET TREET TREET TLE TLE TAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORMOND BEACH FL 32176		☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 NV 4.3 ST	TTY-ST TLE AME TREET TLE TAME TREET TLE TREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	☐ Change ☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORMOND BEACH FL 32176		☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 NV 4.3 ST	TY-SI TLE AME IREET TLE AME IREET TLE AME IREET TLE IREET TREET TY-S TLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ORMOND BEACH FL 32176		☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 NV 4.3 ST 4.4 CI 5.1 TI 5.2 NV	TY-ST TLE AME TREET TLE AME TREET TLE IME TREET TLE AME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORMOND BEACH FL 32176		☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 NV 4.3 ST 4.4 CI 5.1 TI 5.2 NV	TY-ST TLE AME IREET TLE AME IREET IAME IREET ITY-S TLE AME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	ORMOND BEACH FL 32176		☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST 5.4 CI	ITY-SI TLE AME IREET TLE AME IREET ILE IME ITY-SI TLE AME ITY-SI TLE AME ITY-SI TLE ITY-SI TLE ITY-SI TLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORMOND BEACH FL 32176		☐ DELETE	1.4 CI TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 NV 4.3 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST 5.4 CI 6.1 TI 6.2 NV	ITY-ST TLE TREET TREET TREET TREET TREET TY-S TLE AME TREET TY-S TLE TREET TY-S TLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	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 of the receiver or frustee 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 NAMES OF SIGNING OFFICER OR DIRECTOR

3-25-99

904 441-8707

Daytime Phone #