Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90106 038 ***158.75

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 # P9700033577

1. Corporation Name

OFFICE TECHNICAL SERVICES, INC.

									10 111 50100 11			
Principal Place of Business Mailing Address												
1021 W SMITH ST 1021 W SMITH ST												
ORLANDO FL 32804			ORLANDO FL 32804					DO NOT WRITE IN THIS SPACE				
us			US .					3. Date Incorporated or Qualifed				1
							l	04/11/1997				
B B-111 B1	F Dunings	12- 14	2a. Mailing Address					4. FEI Number			pplied For	1
2. Principal Place of Business			<u>}</u> 7					59-3439503			ot Applicable	┨
21			26 Suite, Apt. #, etc.				\dashv	39 3439300			Additional	1
Suite, Apt. #, etc.			 					5. Certifcate of Status Desired			equired	
22			City & State					6. Election Campaign Financing			May Be	1
City & State			<u>├</u> ¬					Trust Fund Contribution	ㅁ	•	to Fees	
23			Zip Country						t voor Into		10.000	1
Zip	Country	-	¬ '				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes 📓				™ No	
24	25 29 30 30 30 30 30 30 30 3		30				10. Name and Address of New Re				1	
	9. Name and Address of Curr	ent Kegister	ed Agent		81	Name		to. Haile and Address of New No.	gistorear	gone		1
PER/	AZA, RAI F JR				٠.	Haino]
1021 W SMITH ST					82 Street Addr			s (P.O. Box Number is Not Acceptab	e)			
ORLANDO FL 32804												┨
UNL	4NDO FE 32004				83				•			
					84	City				85 Zip	Code, ,	1
						-			FL			1
office or re	egistered agent, or both, in the Sta	te of Florida	Such change was at	itnorizea	OV II	named co he corpor	orpora ation's	ation submits this statement for the p s board of directors. I hereby accept	irpose of c the appoin	manging its tment as re	s registered egistered	
agent. I a	m familiar with, and accept the obli	gations of, S	ection 607.0505, Flor	ida Statt	ites.							
SIGNATURE	Signature, typed or printed name of registered a	annt and title if or	onlicable /NOTE	Registered	Agent :	signature reg	uired w	hen reinstating)	DATE			
12.		AND DIRECT	· · · · · · · · · · · · · · · · · · ·	13.	- tgora	Digitalia 104		ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECT	ORS IN 12	1
TITLE	PTSD		DELETE	_	1.1 TITLE				_	☐ Change		1
NAME	PERAZA, RAI F JR			1.2 NA							•	
ì	and the same and the same			ADDRESS								
STREET ADDRESS	ORLANDO FL 32804	•			TY-ST-							
CITY-ST-ZIP	ORLANDO FE 32004		☐ DELETE	2.1 TI			/ici	e President	_	☐ Change	Addition	1
TITLE				2.2 NA		ـَـا	_	v Mondols			-	
NAME				1			•	w.smith St				
STREET ADDRESS						- 17	ou o~r-	27901	<i>f</i>	<u> </u>		
· CITY-ST-ZIF	Sun Sun		DELETE	_	TY-61	-211' - 6	<i>7</i> 4 4	and the show-		Change	Addition	1
TITLE			M DETELE	3.1 TIT						,90		1
NAME				3.2 NA		[
STREET ADDRESS					ADDRESS						1	
CITY-ST-ZIP				3.4. CITY-		-ZIP				Chanca	Addition	Н
TITLE .			☐ DELETE	4.1 TR						☐ Change	☐ Addition	1
NAME ;				4. 2 NAME								
STREET ADDRESS	,			4.3 STREE		ADDRESS						
CITY-ST-ZIP				4.4 CF	ry-St-	ZIP	_				[T] 4	4
TITLE			□ DELETE	5.1 TF		1		f		Change	Addition	1
NAME				5.2 NA	ME	1						
STREET ADDRESS				5.3 ST	REET	ADDRESS						1
CITY-ST-ZIP				5.4 CF	TY-ST-	ZIP						4
TITLE			☐ DELETE	6.1 TI	ILE					☐ Change	☐ Addition	
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 ST	REET A	ADDRESS .						\

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 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, written other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR