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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

1998

P97000099207 (7) DOCUMENT # FLORIDA TECHNICAL BALANCE CORPORATION Principal Place of Business Mailing Address 8084 W. MCNAB ROAD **BOB4 W. MCNAB ROAD** SUITE 140 SUITE 140 DO NOT WRITE IN THIS SPACE NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 3. Date Incorporated or Qualified 11/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 1629 500 8 1629 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 140 140 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing No. Trust Fund Contribution 23 Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PISASIK, INGRID L 8324 NORTH CORAL CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH LAUDERDALE FL 33068** 83 Zip Code 84 City 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change TITLE 1.1 TO E NAME 1.2 NAMI STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP TITLE Addition 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-\$1 - ZIF 2. 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 THE NAME 32 NAME STREET AUDRESS 3.3 STREET ADDRESS CHY-S1-71P 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 511016 NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exomption 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 of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

of Phanie - Ingrid

isasik 4/27/98

4/27/98 954-724 8777

FILED

Oct 07 1998 8:00am

Secretary of State