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## 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 # **P9700099207**

1. Corporation Name									
FLORIDA TECHNICAL BALANCE CORPORATION									
1						1 10011001 110 10111 10111 00111 00111 00111 00111 00111 10111 10			
1									
Principal Place of Business Mailing Address						- I \$8811884 118 38411 8841 88131 88311 88311 88311 88311	us intra tra		
1629 S.W. 81ST AVE. 1629 S.W. 81ST AVE.									
SUITE 140 SUITE 140									
NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33			168			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
US		US				1		}	
- D: : ID	La Marillan Address	ling Address			11/18/1997 4. FEI Number	$\Box$	Applied For		
2. Principal Place of Business 2a, Mailing Address						65-0794697		Not Applicable	
Suite, Apt.	# etc	Suite Apt # etc.	Suite, Apt. #, etc.				<del></del>	Additional	
22	π, οιο.	27	¬ '''			5. Certificate of Status Desired	•	Required	
City & Stat	e	City & State				6Election Campaign Financing	\$5.0	0 May Be	
23	·	28	8			Trust Fund Contribution		d to Fees	
Zip Country Zip			Country			8. This corporation owes the current year Intai	ngible	•	
24	25 29 30					1 Croomary reperty rese	☐ Yes	No	
	<ol><li>Name and Address of Current</li></ol>	Registered Agent				10. Name and Address of New Registered A	gent	<del></del>	
510.4	OUZ INCRID I		8	1	Name				
PISASIK, INGRID L				82 Street Address (P.O. Box Number is Not Acceptable)					
8324 NORTH CORAL CIRCLE									
NORTH LAUDERDALE FL 33068			8	13					
}			8	4	City	FL	85 Ziş	o Code	
		1007 4700 51 14 Olekter	41				hanaina i	te registered	
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 a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statute	9S.				- 1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if an ellephile (NOTE: B.	voietared &c	ant o	ionature required	when reinstating) DATE			
12.	OFFICERS AND		13.	Join 5	ignatoro redemos	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	TORS IN 12	
TITLE				1.1 TITLE			☐ Change		
NAME	PISASIK, INGRID L.		1.2 NAME					}	
STREET ADDRESS	8324 NORTH CORAL CIRCLE		- 1.3 STREET ADDRESS		DDRESS			İ	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		1.4 CITY-ST-ZIP		ZIP				
TITLE	VP □ DELETE		2.1 TITLE				☐ Change	e 🗌 Addition	
NAME	PISASIK, ROBERT			2.2 NAME				ì	
STREET ADDRESS	TREET ADDRESS 8324 NORTH CORAL CIRCLE			2.3 STREET ADDRESS				i	
CITY-ST-ZIP				2. 4 CITY-ST-ZIP					
TITLE	DELETE		3.1 TITLE	3.1 TITLE		والمجهوري والرائد والمناجع ويتوجي	Change	e <sup>™</sup> ☐ Addition	
NAME			3.2 NAME	E				ļ	
STREET ADDRESS			3.3 STRE	ET AI	DDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ZIP			- FT sadition	
TITLE	☐ DELETE		4.1 TITLE		Ì		☐ Change	e 🗌 Addition	
NAME			4, 2 NAM						
STREET ADDRESS			4.3 STRE			•			
C/TY-ST-ZIP	DELETE		4.4 CiTY-ST-ZIP		ZIP		Change	e	
TITLE			5.1 TITLE 5.2 NAME				- 21 mily		
NAME ATTEMENT			5.3 STRE		DORESS .				
STREET ADDRESS			5.4 CITY-		- 1				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		-		☐ Change	e 🗀 Addition	
NAME			6.2 NAME						

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Prazile Date 4-23 - 98 95/124