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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000099634 (2)

**TECHIND CORPORATION** 

## FILED Aug 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1001100  110 10111 10011 00111 0011 0011 0011 00110 10110 10110 11110 11111 0101 1091
2715 NE 15		2715 NE 15TH ST.			
FT. LAUDERDALE FL 33004		FT. LAUDERDALE FL 33004			DO NOT WRITE IN THI <b>S S</b> PACE
•					3. Date Incorporated or Qualified
					11/20/1997
2. Principal Place of Business 2e. Mailing Address					4. FEI Number Applied For
21		26			65-08200 45   Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional
22		27			Certificate of Status Desired     Fee Required
City & Sta	ite	City & Stato			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip Country		1	8. This corporation owes or has paid the current year Intangible
24	4 25 29		30		Personal Property Tax due June 30.
					10. Name and Address of New Registered Agent
SLATKIN, SHELDON T ESO.   81   Name					
	900 W. SAMPLE RD., SUITE 400		82	Street Ad	dress (P.O. Box Number is Not Acceptable)
C	ORAL SPRINGS FL 33065				
			83		
			84	City	85 Zip Code
					FL 63 Zip Code
11. Pursuan	t to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the abov	e-named co	orporation 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 Statules.					
SIGNATURE	_				
	Signature, typod or printed name of registered ag-			ent signature req	gured when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	BENTIVOGLIO, ALFRED	☐ DELETE	11 TIFLE		Change Addition
NAME	ARIE ME APPLI AT		1.2 NAME		
STREET ADDRESS			1.3 STREET		
CITY-ST-ZIP	FT. LAUDERDALE FL 33004	DELETE	1.4 C/TY - S	ST-ZIP	Chance Addition
TITLE	BENTIVOOGLIO, CARMEN	☐ beent	2.1 TITLE		L Change L Addition
NAME	ATAL ME ACTIL AT		2.2 NAME		
STREET ADDRESS	FT. LAUDERDALE FL 33004		2.3 STREET		
CITY-\$1-ZiP	TI. DAUDENDALE TE 33004	DELETE	2. 4 CITY - 3.1 TITLE	S1 - ZIP	☐ Change ☐ Addition
NAME		occere	3.2 NAME		Onange Accepton
STREET ADDRESS				ADDDICO	
			3.3 STREET 3.4 CHY-1		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	31,511	Change Addition
NAME		hand	4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	•
CITY-ST-ZIP			4.4 CITY - S		
TITLE	<del> </del>	☐ DELE1E	5.1 TITLE	1 211	Change Addition
NAME		<b>▶</b>	5.2 NAME		La comingo
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-S		
TITLE		DETETE	6.1 THLE	1 617	Change Addition
NAME	·	<del>_</del> ·	62 NAME		Section 1 g Section 1
STREET ADDRESS			63 STREET	ADDRESS	
CITY-ST-7IP			64 CITY-S	1	
14. I hereby	certify that the information supplied w	ith this filing does not qualify fo	r the exemp	tion stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or Block 12	d on this annual report or supplement cdirector of the corporation or the reci cor Block 13 if changed, or on an afta	il annual report is true and acci eiver or trustee empowered to ε chmen, with an aridiess.	urate and the execute this	at my signal report as re	ture shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in