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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1999

DOCUMENT # P98000006674

Country

9. Name and Address of Current Registered Agent

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BINNI. BASSAM K

1491 MEADOWS BLVD. FT. LAUDERDALE FL 33327

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INTERTECH CONTROLS, INC.

BINNI HOLDINGS, INC. Mailing Address Principal Place of Business 1491 MEADOWS BLVD. 1491 MEADOWS BLVD. FT. LAUDERDALE FL 33327 FT. LAUDERDALE FL 33327 01/12/1998 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 1876 N 21 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 22 City & State City & State 23 28

Zip

29

33322

DO NOT WRITE IN THIS SPACE

FILED

**Secretary of State** 

03-03-1999 90063 035 \*\*\*150.00

Mar 03, 1999 8:00 am

3. Date Incorporated or Qualifed Applied For 65-080 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution

This corporation owes the current year Intangible □No Personal Property Tax. 10. Name and Address of New Registered Agent

81 Name Street Address (P.O. Box Number is Not Acceptable) 82 83 Zip Code 85 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.

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 Addition DELETE Change Presiden-TITLE 12 NAME NAME Bassam STREET ADDRESS 1.3 STREFT ADDRESS 33327 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition [] Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 suppliemental 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 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.

SIGNATURE:

954-370-1216

CR2E034 (11/98)