## **PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000024022

1. Corporation Name NAZTECH, INC. Principal Place of Business Mailing Address 2422 FAIRBLUFF RD. 2422 FAIRBLUFF RD. ZELLLWOOD FL 32798 ZELLLWOOD FL 32798 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/09/1998 Apr lied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 28 Not Applicable 21 \$8.75 A Iditional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 Mey Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Zin Cour to Zip Country 8. This corporation owes the current year intangible Yes XNo. 30 Persor al Property Tax. 24 25 29 10. Name and Address of New Registers d Agent 9. Name and Address of Current Registered Agent 81 Name NAZWORTH, VIRGIL Street Acidress (P.O. Bo) Number is Not Acceptable) 82 2422 FAIRBLUFF RD. ZELLLWOOD FL 32798 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or poration 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 at cept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE (NOT : Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ☐ Addition DELETE 1 1 TITLE TILE NAZWORTH, VIRGIL CR2E034 1.2 NAME NAME 2422 FAIRBLUFF RD. 13 STREET ADDRESS STREET ADDRESS ZELLLWOOD FL 32798 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS STREET ADDRES 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TILE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY- ST-ZIP CITY-ST-ZIP Change Addition 61 TITLE OELETE TITLE 6.2 NAME 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 cartify that the information indicated on this annual reporter supplemental innual/report is true and accurate and that my signature shall have this same legal effect as if made under oath; that is am an officer or director of the corporation or the receiver or frustee 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 attach ment with an address, with a Lother like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90215 032 \*\*\*150.00