Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90230 014 ***150.00

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 # P98000028821

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TECHNE	QUIP SERVICES, CORP.										
D 1 1 1 1 1 1		Marilian Address									
Principal Place of Business Mailing Address											
17934 N.W. 68TH AVENUE 17934 N.W. 68TH AVENUE MIAMI FL 33015 MIAMI FL 33015			_								
MIMMI FE 33013 MIMMI FE 35013							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 03/19/1998				
2. Principal Pl	lace of Business	2a. Mailing Address		_		<u> </u>	4. FEI Number		Apr	plied For	
21		26					65-0823822		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			,		5. Certifcate of Status Desired		\$8.75 A		
22		27		٠			5. Certificate of Citatas Desired		Fee Re	quired	
City & State	e	City & State					6. Election Campaign Financing		\$5.00	, ,	
23	28						Trust Fund Contribution		Added to	o Fees	
Zip	ip Country Zip Co			ntry			8. This corporation owes the curr				
24	25		30				Personal Property Tax.			□No	
	9. Name and Address of Currer	nt Registered Agent		81	Name	1	0. Name and Address of New F				
LODE	T CUDICTODHED			°'	Name			`	. •		
LOPEZ, CHRISTOPHER 17934 N.W. 68TH AVENUE				82	Street A	Address	(P.O. Box Number is Not Accepta	ıble)			
MIAMI FL 33015				83							
				84	City		FL 85 Zip Code				
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was al	utnorized	י עם נ	tne corpor	corpora ration's	tion submits this statement for the board of directors. I hereby accept	purpose of co t the appoint	hanging its ment as rec	registered gistered	
SIGNATURE	Signature, typed or printed name of registered age		Decisions		t evanatura rav	cuired wh	en reinstating)	DATE			
12.		ND DIRECTORS	13.	Agon	it orginature re-		ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	PVST						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition	
NAME	LOPEZ, CHRISTOPHER	101									
STREET ADDRESS			3 STREET ADDRESS								
CITY-ST-ZIP				1.4 CITY-ST-ZIP							
TITLE	DELETE 2.1T			_					Change	☐ Addition	
NAME	LOPEZ, CHRISTOPHER	Z. CHRISTOPHER 22 N		AME							
STREET ADDRESS				REET	ADDRESS		•			-	
CITY-ST-ZIP				2.4 CITY-ST-ZIP							
TITLE				3.1 TITLE					☐ Change	☐ Addition	
NAME :	,	321		3.2 NAME							
STREET ADDRESS	. 335		3.3 \$	3.3 STREET ADDRESS							
CITY-ST-ZIP	3.4.		3.4. C	3.4. CITY-ST-ZIP							
TITLE	DELETE 4.1 TI			TLE					Change	☐ Addition	
NAME		4.2		4. 2 NAME							
			TREET	ADDRESS		•					
***************************************			4.4 CI	TY-S]	T-ZiP						
TITLE		☐ DELETE	5.1 70	TLE					☐ Change	Addition	
NAME	•		5.2 N	AME							

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 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.

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

1) bok QUIRED **SIGNATURE:** NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition