PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90178 023 ***150.00

DOCUMENT # P98000045046

W.B. TECHNICAL SERVICES, INC.											
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Principal Place	e of Business	Mailing Address					Y TOUGHTOUR IN LOCATIONS O	1941 1981 1411 140	iyo alab y bikki boli	TUBUE BIDE 1881	
12 DAWSON DR. 12 DAWSON DR.								-^ ·			
PALM COAST FL 32137 PALM COAST FL 32137						į	DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qu				
							05/15/1998			<u> </u>	
2. Principal P	Pace of Business	2a. Mailing Address					FEI Number	-22	1-1-	opplied For	
21				-		_+	<u>5935265</u>	<u> </u>		lot Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desi	red 🔲		Additional Required	
22 City 9 Ctat		City & State					. Flaction Compaign Figur	cina) May Be	
City & Stat	Ge .	28				('	Election Campaign Finar Trust Fund Contribution			to Fees	
23 Zip	Country	Zip	Cou	Country		<u> </u>	B. This corporation owes th	a current year	Intangible		
24		29	30				Personal Property Tax.	<u></u>	Yes	□No	
	9. Name and Address of Current	Registered Agent		Ţ.,		1	D. Name and Address of	New Register	ad Agent		
				81	Name		•			i	
	SHKO, PAUL			82	Street A	Address	iress (P.O. Box Number is Not Acceptable)				
	NAWSON DR. N COAST FL 32137										
PALI	M CUAST PL 32137			83						1	
				84	City			F	85 Zip	Code	
44 Bumumt	to the provisions of Sections 607.0502	and 607 1508 Florida Stat	utes the 8	bove	-паптед с	corporati	on submits this statement for	or the outpose	of changing if	s registered	
office or i	registered agent, or both, in the State o	i Florida, Such change was	: authorize	u by t	ine corpor	oration's	board of directors. I hereby	accept the ap	pointment as r	egistered	
	im familiar with, and accept the obligation	Uns 01, 3800011 607.0303, 1	NINA SE							(
SIGNATURE	Signature, typed or printed name of registered agent	and title V applicable. (NC	TE Registers	d Agent	signature res	equired whe		DATE			
SIGNATURE	OFFICERS AND	DIRECTORS	TE Registere	d Agent	en erutangie	equired whe	n reinstating) ADDITIONS/CHANGES T				
<u></u>					signature rec	equired who			AND DIRECT		
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12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	OFFICERS AND THE WASHED 12 DAWSON DR THOM COAST FLORIDA 3 SECRETARY, TREASURER MICHERY, 131500	DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N	ITLE IAME IREET/ ITY-ST- ITLE	ADORESS	actimed with			☐ Change	Addition	
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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 this annual report or supplemental annual report is thrown and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the corporation or the receiver or trustee-dempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: __

PAUL WASHKO	Low	0 ω	slleo
CHANATIME AND TWOCH OR COMMETER MAN	IC OF HIS DING OF	COMPANIE	UNCCTAB