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**

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90126 024 ***150.00

DOCUMENT #	P98000063954
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TENGRY, INC.

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Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·			 	18110 81380 HVG (8191)	Attil AfAt 1801
C/O 1105 CAPE CORAL PKWY. EAST C/O 1105 CAPE CORAL PKWY.			L PKWY E	AST				
SUITE C SUITE C						DO NOT WRITE IN THIS SPACE		
CAPE CORAL FL 33904 CAPE CORAL FL 33904			4			3. Date Incorporated or Qualifed		
•						07/20/1998		{
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	¥ Ap	plied For
21	lace of Busiliess	26					r - - 	t Applicable
	te, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	Additional	
22]					5. Certificate of Status Desired	Fee Re	quired	
City & State City & State				6. Election Campaign Financing	\$5.00	*		
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country Zip Country			8. This corporation owes the current year				
24	25	29	30			Personal Property Tax. 10. Name and Address of New Register	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent		81 N	ame	10. Name and Address of New Registe	rea Agent	
SEE	MANN, ERNEST A				arric	<u> </u>		
	CAPE CORAL PKWY., EAST			82 St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
SUIT				83				
	E CORAL FL 33904							
i				84 Ci	ity		FL 85 Zip (Code
11 Durement	to the provisions of Sections 607 050	02 and 607 1508 Florida S	tatutes the	above-na	med corpo	oration submits this statement for the purpos	e of changing its	registered
office or re	registered agent, or both, in the State	of Florida. Such change w	as authonze	ed by the	corporatio	n's board of directors. I hereby accept the a	ppointment as re	gistered
	m familiar with, and accept the obliga	ations of, Section 607.0505	, Fiorida Sta	atutes.				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	NOTE: Register	ed Agent sign	ature required	when reinstating) DAT	E	
12.	OFFICERS AN	···	13			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
		4D DII/EQ10//Q		··		ADDITIONS/CHANGES TO CITTOEN	0 741B BINESTO	
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14. I hereby certify that the information supplied with this right 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.

SIGNATURE:

Daytime Phone #