Applied For

\$8,75 Additional

Fee Required

\$5,00 May Be

Not Applicable

## 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 # P98000079654

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

TI C TECHNIOLOGIES INC

| TEC TECHNOLOGIES, INC.      |                  |  |
|-----------------------------|------------------|--|
| Principal Place of Business | Mailing Address  |  |
| 6750 FERN STREET            | 6750 FERN STREET |  |

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90286 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

09/15/1998

65-086

4. FEI Number

| Zip Country Zip Country 8. This corporation owes the current year Intangible   | 23             |   | 28  |  |  |                | Trust Fund Contribution                     |                  | Added to          | Fees                |
|--|----------------|---|---|--|--|----------------|---|------------------|-------------------|---------------------|
| 9. Name and Address of Current Registered Agent  LYNCH, ROSEANNE N 2 SOUTH UNIVERSITY DR. PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing lifts registered agent. I am familiar zith, and accept the obligations of, Section 507 0505. Florids Statutes, the above-named corporation submits this statement for the purpose of changing lift registered agent. I am familiar zith, and accept the obligations of, Section 507 0505. Florids Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  DELETE  1.1 TITLE  DELETE  1.2 TITLE  DELETE  1.3 TITLE  DELETE  1.1 TITLE  DELETE  1.3 TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TI |                | Country   | Zip   | Co                                       | untry  |                | 8. This corporation owes the cur            | rent year Intar  |                   | _                   |
| LYNCH, ROSEANNE N 2 SOUTH UNIVERSITY DR. PLANTATION FL 33324  84 City  85 Treet Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 City  87 FL 85 Zip Code  87 Code  88 City  89 FL 80 City  89 FL | 24             | 25  | 29  | 30                                       |  |                | Personal Property Tax.                      |                  | ☐ Yes             | □No                 |
| LYNCH, ROSEANNE N 2 SOUTH UNIVERSITY DR. PLANTATION FL 33324  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the colligions of, Section 607.0505, Florida Statutes, statement for the purpose of changing its registered agent. I am familiar with an accept the colligions of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITINE  DPST  MEZA, BEATRIZ  12. INME  MEZA, BEATRIZ  13. SIREST ADDRESS  6750 FERN STREET  13. SIREST ADDRESS  CITY 51.2P  ITILE  DELETE  13. TITLE  DELETE  13. TITLE  DELETE  14. TITLE  DELETE  13. TITLE  DELETE  14. TITLE  DELETE  15. TITLE  DELETE  15. SIREST ADDRESS  CITY 51.2P  ITILE  DELETE  15. SIREST ADDRESS  CITY 51.2P  TITLE  DELETE  15. SIREST ADDRESS  25. S |                | 9. Name and Address of C  | urrent Registered Agent                                   | 1  | Щ,   |                | 10. Name and Address of New                 | Registered A     | gent              |                     |
| 2 SOUTH UNIVERSITY OR. PLANTATION FL 33324  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent, arm familiar yell, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I heroby accept the appointment as registered agent, arm familiar yell, and accept the obligations of, Section 607.0505, Florida Statutes, such accept the purpose of changing its registered agent agents. I heroby accept the appointment as registered agent agents required agent agents required agent agents. I heroby accept the appointment as registered agent agents agents. I heroby accept the appointment as registered agent agents. I heroby accept the appointment as registered agent, are for the purpose of changing its registered agent. I heroby accept the appointment as registered agent, are for the purpose of changing its registered agent. I heroby accept the appointment as registered agent ag |                |   |   |  | 81   | Name           |   |                  |                   |                     |
| 2 SUDIH UNIVERSITY DR. PLANTATION FL 3324  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Jam familiar zityli, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, Interpretation of Sections 507.0502 and 607.1508, Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar zityli, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, Interpretation of the interpretation of the supplicable.  OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPST  MARCATE FL 33063  13. TREET ADDRESS  6750 FERN STREET  13. STREET ADDRESS  6775 FERN STREET  13. STREET ADDRESS  13. STREET ADDRESS  13. STREET ADDRESS  14. CITY ST. 2P  15. Change Addition  15. ADDITIONS CHANGES TO FICERS AND DIRECTORS TO FICERS AND DIRECTORS TO FICERS AND DIRECTORS TO FICERS AND TO FICERS A |                | ·   |   |  | 82 Street Address (P.O. Box Number is Not Acceptable)  |                |   |                  |                   |                     |
| 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature Translation with a state of Florida. Such change was authorized by the corporation's board of directors. I thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  MEZA, BEATRIZ  13. STREET ADDRESS  6750 FERN STREET  14. CITY-51-2P  TITLE  14. TITLE  15. STREET ADDRESS  15. TITLE  15. STREET ADDRESS  15. STREET ADDRES |                |   |   |  |  |                |   |                  |                   |                     |
| 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, and familiar vity and accept the objective special statutes.  SIGNATURE  Signature, hope offices name of registered agent and this flagillation.  OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  DPST  MEZA, BEATRIZ  ILL ANME  DPST  MARGATE FL 33063  DELETE  21 TITLE  DPST  MARGATE FL 33063  DELETE  22 TITLE  DELETE  21 TITLE  DELETE  22 TITLE  DELETE  23 TITLE  DELETE  24 TITLE  DELETE  31 TITLE  DELET |                |   |   | 83                                       |  |                |   |                  |                   |                     |
| 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, and familiar vity and accept the objective special statutes.  SIGNATURE  Signature, hope offices name of registered agent and this flagillation.  OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  DPST  MEZA, BEATRIZ  ILL ANME  DPST  MARGATE FL 33063  DELETE  21 TITLE  DPST  MARGATE FL 33063  DELETE  22 TITLE  DELETE  21 TITLE  DELETE  22 TITLE  DELETE  23 TITLE  DELETE  24 TITLE  DELETE  31 TITLE  DELET |                |   |   |  | 84   | City           |   |                  | 85 Zip C          | Code                |
| 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 registative agent. I am familiar yet, and accept the obligations of, Section 607.0505. Florida Statutes.  SIGNATURE   |                |   |   |  | FL   SS   FL   S |                |   |                  |                   |                     |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes.  SIGNATURE    Common   Co | 11. Pursuant   | to the provisions of Sections 60  | 7.0502 and 607.1508, Flo                                  | rida Statutes, the                       | above  | -named         | corporation submits this statement for the  | purpose of c     | hanging its       | registered          |
| SIGNATURE    Signature   Pacification   Pacificatio | office or n    | egistered agent, or both, in the S<br>m familiar with, and accept the c | State of Florida. Such cha<br>obligations of, Section 607 | nge was authorize<br>'.0505, Florida Sta | a by<br>itutes.  | tne corpo      | oration's board of directors. I hereby acce | prine appoint    | imeni as rej<br>/ | Jistereu            |
| 12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DPST   DELETE   11 TITLE   | _              | 1 1/4 1/4   |   |  |  |                | <   | J4/24/           | 99                | ,                   |
| TITLE DPST DELETE 1.1 TITLE DELETE 1.2 TITLE DELETE 1.2 TITLE DELETE 1.2 TITLE DELETE 1.3 TITLE DELETE 1.4 CTY-ST-ZP  | SIGNATURE      | 11 /  | · (   | (NOTE: Registere                         | d Agen   | t signature r  | equited initial remotering)                 |                  |                   |                     |
| MEZA, BEATRIZ STREET ADDRESS 6750 FERN STREET 13 STREET ADDRESS 6750 FERN STREET 14 CITY-ST-ZP MARGATE FL 33063  DELETE 21 TITLE 22 NAME 22 NAME 22 STREET ADDRESS CITY-ST-ZP 14 CITY-ST-ZP 25 NAME 27 STREET ADDRESS CITY-ST-ZP 15 DELETE 26 STREET ADDRESS CITY-ST-ZP 27 NAME 28 NAME 29 STREET ADDRESS CITY-ST-ZP 20 DELETE 21 TITLE 20 DELETE 21 TITLE 21 NAME 21 STREET ADDRESS CITY-ST-ZP 22 NAME 23 STREET ADDRESS CITY-ST-ZP 24 CITY-ST-ZP 34 CITY-ST-ZP 35 STREET ADDRESS CITY-ST-ZP 36 CITY-ST-ZP 37 STREET ADDRESS CITY-ST-ZP 38 STREET ADDRESS CITY-ST-ZP 39 STREET ADDRESS CITY-ST-ZP 30 STREET ADDRESS CITY-ST-ZP 30 STREET ADDRESS CITY-ST-ZP 31 STREET ADDRESS CITY-ST-ZP 32 STREET ADDRESS CITY-ST-ZP 33 STREET ADDRESS CITY-ST-ZP 34 CITY-ST-ZP 35 STREET ADDRESS CITY-ST-ZP 36 STREET ADDRESS CITY-ST-ZP 37 STREET ADDRESS CITY-ST-ZP 38 STREET ADDRESS CITY-ST-ZP 38 STREET ADDRESS CITY-ST-ZP 38 STREET ADDRESS CITY-ST-ZP 48 STREET ADDRESS CITY-ST-ZP CITY-ST | 12.            |   |   |  |  |                |   | FICERS AND       |                   |                     |
| STREET ADDRESS   6750 FERN STREET   13 STREET ADDRESS   14 CITY-ST-ZIP   MARGATE FL 33063   DELETE   21 TITLE   22 NAME   22 NAME   23 STREET ADDRESS   24 CITY-ST-ZIP   Change   Addition   Additio   | TITLE          | DPST  | ⅎ   | DELETE 1.1                               | TITLE  |                |   |                  | Change            | L. Addition         |
| TITLE  | NAME           | MEZA, BEATRIZ   |   | 1.21                                     | NAME   |                |   |                  |                   |                     |
| TITLE  | STREET ADDRESS | 6750 FERN STREET  |   | 1.3 5                                    | STREET   | ADDRESS        | 6750 HERN ST.                               |                  |                   |                     |
| NAME   | CITY-ST-ZIP    | MARGATE FL 33063  |   |  | CITY-SI  | r-ZIP          | HARRATE, FL 33065                           |                  |                   |                     |
| STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP  | TITLE          |   |   | DELETE 2.1                               | ITTLE  |                |   |                  | ☐ Change          | Addition            |
| CITY-ST-ZIP   CHANGE   Addition   CHANGE   CITY-ST-ZIP   CHANGE      | NAME           |   |   | 2.21                                     | NAME   |                |   |                  |                   |                     |
| TITLE  | STREET ADDRESS |   |   | 2.3                                      | STREET   | ADDRESS        |   |                  |                   |                     |
| NAME   | CITY-ST-ZIP    |   |   | 2. 4                                     | CITY-S   | T-ZIP          |   |                  |                   |                     |
| STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP  | TITLE          |   |   | DELETE 3.1                               | TITLE  |                |   |                  | ☐ Change          | [_] Addition        |
| CITY-ST-ZIP  TITLE DELETE A1TITLE A1TI | NAME           |   |   | 3.2                                      | NAME   |                |   |                  |                   |                     |
| TITLE DELETE 4.1 TITLE   | STREET ADDRESS |   |   | 3.3                                      | STREET   | ADDRESS        |   |                  |                   |                     |
| NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE S1 TITLE S | CITY-ST-ZIP    |   |   |  | CITY-S   | T-ZIP          |   | <del></del>      |                   |                     |
| STREET ADDRESS CITY-ST-ZIP  TITLE DELETE S1 TITLE S2 NAME STREET ADDRESS CITY-ST-ZIP S3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S4 CITY-ST-ZIP CAMBE STREET ADDRESS STREET  | TITLE          |   |   | DELETE 4.1                               | TITLE  |                |   |                  | Change            |                     |
| CITY-ST-ZIP  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  | NAME           |   |   | 4 2                                      | NAME   |                |   |                  |                   |                     |
| TITLE   DELETE   5.1 TITLE   Change   Addition   NAME   52 NAME   STREET ADDRESS   5.3 STREET ADDRESS   CITY-ST-ZIP   5.1 TITLE   Change   Addition   NAME   52 NAME   STREET ADDRESS   5.4 CITY-ST-ZIP   TITLE   DELETE   6.1 TITLE   Change   Addition   NAME   6.2 NAME   STREET ADDRESS   6.3 STREET ADDRESS   CITY-ST-ZIP   6.4 CITY-ST-ZIP   CITY-ST-ZIP | STREET ADDRESS |   |   | 4.3                                      | STREET   | ADDRESS        |   |                  |                   |                     |
| NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  DELETE  6.1 TITLE  CANAME  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY- ST- ZIP  CITY-  | CITY-ST-ZIP    |   |   |  | CITY-S1  | r-ZIP          |   |                  |                   |                     |
| STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  CANAME  STREET ADDRESS  CITY-ST-ZIP  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  CITY-ST-Z | TITLE          |   |   |  |  |                |   |                  | ∐ Chaлge          |                     |
| STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  CANAME  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  CANAME  6.5 NAME  6.6 STREET ADDRESS  6.6 CITY-ST-ZIP  CANAME  6.7 NAME  6.8 STREET ADDRESS  6.9 CITY-ST-ZIP  CANAME  6.9 STREET ADDRESS  6.9 CITY-ST-ZIP  CANAME  6.9 STREET ADDRESS  6.9 CITY-ST-ZIP  CANAME  6.9 STREET ADDRESS  6.1 TITLE  6.1 TITLE  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  CANAME  6.5 STREET ADDRESS  6.6 CITY-ST-ZIP  CANAME  6.7 NAME  6.8 STREET ADDRESS  6.9 CITY-ST-ZIP  CANAME  6.9 STREET ADDRESS  6.9 CITY-ST-ZIP  CA | NAME           |   |   |  |  |                |   |                  |                   |                     |
| TITLE  DELETE 6.1 TITLE  Change Addition  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  Addition  6.4 CITY-ST-ZIP  Addition  6.5 STREET ADDRESS  6.4 CITY-ST-ZIP  Addition  6.6 NAME  6.7 NAME  6.8 STREET ADDRESS  6.9 CITY-ST-ZIP  6.9 C | STREET ADDRESS |   |   | 5.3                                      | STREET   | ADDRESS        |   |                  |                   | 1                   |
| NAME  STREET ADDRESS  CITY-ST-ZIP  Above the differentian 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  | CITY-ST-ZIP    |   |   |  |  | T- <b>Z</b> IP |   |                  |                   |                     |
| STREET ADDRESS  CITY-ST-ZIP  4.4 L becapts 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  | TITLE          |   |   |  |  |                |   |                  | ∐ Change          | ☐ Addition          |
| 64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  65 CITY-ST-ZIP  66 CITY-ST-ZIP  67 CITY-ST-ZIP  68 CITY-ST-ZIP  69 CITY-ST-ZIP  69 CITY-ST-ZIP  60 CITY-ST-ZIP  60 CITY-ST-ZIP   | NAME           |   |   | 6.21                                     | NAME   |                |   |                  |                   |                     |
| 44. Legislay 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  | STREET ADDRESS |   |   | 6.3                                      | STREET   | ADDRESS        |   |                  |                   |                     |
| 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 applied exercises and that my signature shall have the same legal effect as if made under each that I am an  | CITY-ST-ZIP    | · .   |   |  | -  |                |   |                  |                   |                     |
|  | 14. I hereby o | certify that the information suppli                                     | ed with this filing does no                               | t qualify for the ex                     | empti  | on stated      | t in Section 119.07(3)(i), Florida Statutes | I further certi- | fy that the ir    | nformation<br>am an |

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR