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 # P98000104081

TECHNICAL ENTERTAINMENT SERVICES, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90071 047 ***150.00



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Principal Place of Business Mailing Address									
111 CORAL TRE		4111 CORAL TREE CIR #127							
COCONUT CREEK FL 33073		COCONUT CREEK FL 33073	COCONUT CREEK FL 33073			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qua		<u> </u>		
					11/05/1998	> -			
9 Original Dia	on of Business	2a. Mailing Address			- 4, FEI Number	-	An	plied:For	
2. Principal Pla	ice of prisiness	F	- "		65-089	20847	ļ <u></u>	t Applicable	
21	f ata	Suite, Apt. #, etc.				0070	\$8.75		
Suite, Apt. #	r, etc.		27			ed 🗌	Fee Re		
22 City & State			City & State			cing _	\$5.00		
_ ´		— · ·	28			C'''9 🗆	•	to Fees	
Zip	Country	Zip	<u> </u>			e current year in			
— <u>—</u>		<u> </u>				8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Curre		<u>'</u>		10. Name and Address of I	lew Registered	Agent		
	3. Haile and Addiess of Con-	tregiotered Agent	81	Name				·	
NETZE	R, EVIN L								
	KENNEDY BLVD		82 Street Add			ceptable)			
SUITE			83						
	\ FL 33602		00	1					
1701117	() E 0000E		84	City		FL	85 Zip	Code	
		502 and 607.1508, Florida Statutes,		<u> </u>					
agent. I an	n familiar with, and accept the obli	te of Florida. Such change was auth gations of, Section 607.0505, Florida	a Statutes	3.	alion's board of directors. Thereby	accept the appe	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.9.0	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Re	gistered Age	nt signature ra	quired when reinstating)	DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGESIT	O OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE		☐ DELETE	1.1 TITLE	1	PUPTSDCM	ارد_ ا	Change	Addition	
NAME			1.2 NAME	Ti ti	RUBERT MORLIN				
STREET ADDRESS			1.3 STREE	T ADDRESS	4111 Coral Tree c	اسلوماة	ะา		
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP	locont Creek, Fl	33072			
TITLE		☐ DELETE	2.1 TITLE	•			Change	Addition	
NAME			22 NAME						
STREET ADDRESS			12.3 STREE	TADDRESS	-		•	-	
CITY-ST-ZIP			2. 4 CITY-	Į.					
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition	
NAME		<u> </u>	3.2 NAME	1					
ļ				T ADDRESS					
STREET ADDRESS			3.4. CITY-						
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	UI-FILE			Change	Addition	
			4. 2 NAME					_	
NAME				T ADDRESS					
STREET ADDRESS				i					
CITY-ST-ZIP		DELETE	4.4 CITY-S	ST-ZIP			Change	Addition	
TITLE		□ pereie	5.1 TITLE 5.2 NAME						
NAME				TADDDESS					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	<u>:</u>		5.4 CITY-S	S1-ZIP			Chann		
TITLE	/ ·	DELETE	6.1 TITLE	Ì			Change	☐ Addition	
NAME	ن		6.2 NAME	- 1					
STREET ADDRESS	•			TADDRESS					
CITY-ST-ZIP		`	6.4 CITY-5	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 certor of 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 454-270-576