FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0105211

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 24 PM 1:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S09027**

1. Corporation Name
TRI-TECH ANALYTICAL, INC.

Principal Place of Business	Mailing Address
7240 OLD CHENEY HWY ORLANDO FL 32807 US	P.O. BOX 140966 ORLANDO FL 32814 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1990

4. FEI Number
59-3028622

Applied For
Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This Corporation Owes the Current Year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TRYTEK, LINDA
1319 RENEE AVENUE
SUITE 1500
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box) 200002826042--8
-04/01/99--01036--021
83 ****158.75 ****158.75
84 City **FL** 85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Linda Trytek PRESIDENT VOID 3/18/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	TRYTEK, LINDA		12 NAME	
STREET ADDRESS	5225 ABELIA DR		13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	TRYTEK, RAYMOND		22 NAME	
STREET ADDRESS	5225 ABELIA DR		23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		24 CITY-ST-ZIP	
TITLE	ST	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	HAYNES, TAMARA		32 NAME	
STREET ADDRESS	4000 SAND RIDGE DR		33 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

TRP 3/24/99

CR2E034 (11/98)

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.

SIGNATURE: Linda Trytek PRESIDENT 3/18/99 (407) 275-8463
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME TELEPHONE NUMBER