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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name S36665

(5)

TECH-MARK, CORPORATION

FILEI)
Apr 16 1998	8:00am
Secretary o	of State

Principal Place	e of Business	Mailing Address		4 10011010 189 (IIIIQ DIVID BILID DIVOL DIVI DIDIL DIDI	I BIBIT BIBIT BIBIT BIBIT IBAT
710 E. MICHIG		710 E. MICHIGAN ST.			
#45		#45		DO NOT MIDITE IN THIS	CDACE
ORLANDO FL 32806 ORLANDO FL 32806		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE		
US		US		03/11/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0248048	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	ırrent year Intangible ☐ Yes ☐ No
24	25 Name and Address of Curr	ant Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	
F00		on negistered Agent	B1 Name	IV. Hamo and Macross of Hotel Hogers	
	CALONI, JACK	•			_ ··•
#45	E. MICHIGAN ST.	. 10	82 Street A	Address (P.O. Box Number is Not Acceptable)	
1 " ' '	LANDO FL 32806	13	1 08 83		
	1		28/4		Jan 7:- Carlo
		211 31	64 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida St	tutes, the above-named	corporation submits this statement for the purpose of	of changing its registered
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obt	ate of Florida. Such change wi figations of, Section 607.0505.	is authorized by the corp Florida Statutes.	oration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE					
SIGNATURE	Signature, lyped or printed name of registered a		NOTE: Registered Agent signature		
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
TITLE	PD FCCALONI 16CK	ר"ו הנרבוני	1.1 TITLE		T prigings T volution
NAME	ESCALONI, JACK 710 E. MICHIGAN ST. #45		1.2 NAME		
STREET ADORESS	ORLANDO FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	ONDANDO PE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
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NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		T 0
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME !			6.2 NAME		

6.3 STREET ADDRESS

6.4 CITY-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 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 it chapted for on an attachment with an address.

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ANNUAL REPORT			ry of State		
1998		DIVISION OF (CORPORATIONS		
DOCUMENT #	536665	•			
TECH-MAK	CK (De POK	2ATion	/		
Principal Place of Business	Mailir	ng Address			
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporates or Qualified	
2. Principal Place of Business	100 a 2a. M	ailing Address	· C4	4. FEI Number	Applied For
1 710 E · M	UU DV X26 7	10 & Mick 1 te. Apt. #1. etc.	lugan St	65-0248048	Not Applicable
# 45	<i>U</i> 27 St	# 45	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
ORLANDO, F	-0 28 C	DELANDO,	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7 2 8 P(0 25 CO)	untry 29 29	32806	Country	8. This corporation owes or has paid the cu	
9. Name and Ac	Idress of Current Register	, , , , , , , , , , , , , , , , , , , 	30 09	Personal Property Tax due June 30. 10. Name and Address of New Registered	
			81 Name		
			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
,			83		
			84 City		85 Zip Code
14. Duraugat to the provisions of t	Castions 007 01 00 and 007	troo Firster Olevia		FI poration submits this statement for the purpose of	_] ``
office or registered agent, or t agent. I am familiar with, and	ooth, in the State of Florida -	Such change was a	uthor zed by the corporat	ion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE. Signature typical or priored	raherol regelered appeal and life if ap	TON) state on the same	. Rogistorea Agent signature requi	reo when reinstaling) DATE	
12. ITLE 87	OFFICERS AND DIRECTO	DRS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
18 2	1 Tack .	Detele	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
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			6.3 STRELT ADDRESS		
TREET ADDRESS					
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ATY-ST-ZIP 4. I hereby certify that the informatindicated on this annual report officer or director of the copied	t or supplemental annual reg ration or the receiver or trust	port is true and accu tee empowered to e	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further or re shall have the same legal effect as if made un prized by Chapter 607, Florida Statutes; and that it	ertily that the information ider oath; that I am an my name appears in
ITY-\$1-ZIP	t or papplemental annual reg ration as the receiver or trust	port is true and accu tee empowered to e i an address.	the exemption stated in	re shall have the same legal effect as if made un ired by Chapter 607, Florida Statutes; and that i	ertify that the information oder oath; that I am an my name appears in

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