

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90031 026 ***150.00

DOCUMENT # 5864558 (4)

1. Corporation Name

UTILTEC CORPORATION

Principal Place of Business

Mailing Address

1060 NEW PARKVIEW PL WEST PALM BEACH FL 33417
1060 NEW PARKVIEW PL WEST PALM BCH. FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1991

4. FEI Number

65-0289704

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

Yes No

2. Principal Place of Business

21 5849 OKEECHOBEE BLVD SUITE 201

22 SUITE 201

City & State

23 WEST PALM BCH FL

Zip Country

24 33417

25 PALM BCH

2a. Mailing Address

26 P.O. BOX 31387

27 Suite, Apt. #, etc.

City & State

28 PALM BCH GARDENS FL

Zip Country

29 33420

30 PALM BCH

9. Name and Address of Current Registered Agent

D
GARKO C W
801 SEAFARER CIR APT 106
JUPITER, FL 33477

10. Name and Address of New Registered Agent

81 Name

GARKO CW

82 Street Address (P.O. Box Number is Not Acceptable)

801 SEAFARER CIR APT 106

83

84 City JUPITER

FL

85 Zip Code 33477

11. Pursuant to the provisions of Sections 607.0502 and 607.0509, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DIRECTOR 4-6-99

12. OFFICERS AND DIRECTORS

TITLE P DELETED

NAME MARDI GARKO
STREET ADDRESS 1060 NEW PARKVIEW PL
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE DELETED

NAME D
STREET ADDRESS GARKO C W
CITY-ST-ZIP 1060 NEW PARKVIEW PL
WEST PALM BEACH FL 33417

TITLE DELETED

NAME GARKO C W
STREET ADDRESS 1060 NEW PARKVIEW PL
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE DELETED

NAME
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CITY-ST-ZIP

TITLE DELETED

NAME
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CITY-ST-ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

MARDI GARKO

801 SEAFARER CIR APT 106

JUPITER FL 33477

D

GARKO CW

801 SEAFARER CIR APT 106

JUPITER FL 33477

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-99

561-776-0207

CR2E034 (11/98)