

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G25755 (1)
1. Corporation Name
TECHNICAL MANAGEMENT SERVICES, INCORPORATED



Principal Place of Business Mailing Address
**LOT 4 BRESLEN CT.
PO BOX 708
HOMOSASSA FL 32687-0708**

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

3. Date Incorporated or Qualified **02/28/1983** 3a. Date of Last Report **04/12/1995**
4. FEI Number **59-2263673** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.052 Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**DON'S PHARMACY
7655 WEST GULF TO LAKE HWY.
PO BOX 1018
CRYSTAL RIVER FL 32629**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0202 and 607.1505, Florida Statutes, the above named registered agent is making 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 607.0202, Florida Statutes.

SIGNATURE _____ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME PO LUTKEHAUS, T C STREET ADDRESS 2316 RIVER RD. CITY-ST-ZIP GRANBURY TX	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME VSD LUTKEHAUS, M J STREET ADDRESS LOT 4 BRESLEN CT POB 708 CITY-ST-ZIP HOMOSASSA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntary, true, correct and a correct statement of the corporation's financial condition. I further certify that the information included on this report is supplied in good faith and 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 officer or employee authorized to execute the 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 affidavit.

SIGNATURE: *Melody J. Lutkehaus* **3/25/96** **628-0109**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)