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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047412

1. Corporation Name
TECHNOLOGICAL DIAGNOSTICS INCORPORATED

Principal Place of Business / Mailing Address
2787 E.OAKLAND PK BLVD #204
FORT LAUDERDALE
FL 33306

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2787 E OAKLAND PK BLVD
Suite, Apt #, etc. 22	#204
City & State 23	FORT LAUDERDALE FLORIDA
Zip 24	33306
Country 25	USA
2a. Mailing Address 26	SAME
Suite, Apt #, etc. 27	
City & State 28	
Zip 29	
Country 30	

3. Date Incorporated or Qualified: 5/29/97

4. FEI Number: 65-0781312 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MIKE TOWNER
421 SOUTH OLIVE AVENUE
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	MIKE TOWNER
82 Street Address (P.O. Box Number is Not Acceptable)	2787 E. OAKLAND PARK BLVD
83	#204
84 City	FORT LAUDERDALE FL
85 Zip Code	33306

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 [signature] MIKE TOWNER PRESIDENT 4/28/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	☐ DELETE
NAME	MIKE TOWNER	
STREET ADDRESS	421 S. OLIVE AVENUE	
CITY-ST-ZIP	W.P. BEACH FL 33401	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / DIRECTOR	☒ Change ☐ Addition
1.2 NAME	MIKE TOWNER	
1.3 STREET ADDRESS	2787 E. OAKLAND PARK BLVD #204	
1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
2.1 TITLE	SECRETARY	☐ Change ☒ Addition
2.2 NAME	MIKE TOWNER	
2.3 STREET ADDRESS	2787 E. OAKLAND PARK BLVD #204	
2.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
3.2 NAME	RICHARD PRIMEAU	
3.3 STREET ADDRESS	2787 E. OAKLAND PARK BLVD #204	
3.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	500002527155	
6.3 STREET ADDRESS	-05/18/98--01053--044	
6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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.

SIGNATURE: [signature] MIKE TOWNER 4/28/98 954 565 4138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #