FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **518024** **(5)**

1. Corporation Name
TECHDYNE, INC.

Principal Place of Business	Mailing Address
2230 W 77 ST. **HIALEAH FL 33016**	**2337 W 76TH ST** **HIALEAH FL 33016** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/05/1976**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1709103** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No Included in consolidated return

9. Name and Address of Current Registered Agent

VERGA, JOSEPH
2230 WEST 77TH STREET
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	D ☐ Change ☒ Addition
NAME	LANGBEIN, THOMAS K.	12 NAME	Anthony C. D'Amico
STREET ADDRESS	777 TERRACE AVE., #517	13 STREET ADDRESS	777 Terrace Ave., #517
CITY-ST-ZIP	HASBROUCK HEIGHT NJ	14 CITY-ST-ZIP	Hasbrouck Heights, NJ 07604
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	PARDON, BARRY	22 NAME	
STREET ADDRESS	2230 W. 77 ST.	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	
TITLE	VSTD	31 TITLE	☐ Change ☐ Addition
NAME	VERGA, JOSEPH	32 NAME	
STREET ADDRESS	2230 W. 77 ST.	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	HEALEY, DENNIS W.	42 NAME	
STREET ADDRESS	2337 W. 76 ST.	43 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	OUZTS, DANIEL R.	52 NAME	
STREET ADDRESS	2337 W. 76 ST.	53 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	FISCHBEIN, PETER D.	62 NAME	
STREET ADDRESS	777 TERRACE AVE., #517	63 STREET ADDRESS	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Daniel R. Ouzts Vice President/Director 2/8/95 (305) 558-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number
Daniel R. Ouzts

000073 CP