

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90033 008 ***158.75

0133581

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **518024**

1. Corporation Name
TECHDYNE, INC.

Principal Place of Business
 2230 W 77 ST.
 HIALEAH FL 33016

Mailing Address
 2337 W 76TH ST
 HIALEAH FL 33016
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1976	
4. FEI Number 59-1709103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	D'AMORE ANTHONY C.	
STREET ADDRESS	777 TERRACE AVE., #517	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARDON, BARRY	
STREET ADDRESS	2230 W. 77 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	VERGA, JOSEPH	
STREET ADDRESS	2230 W. 77 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	LANGBEIN, THOMAS K.	
STREET ADDRESS	777 TERRACE AVE., #517	
CITY-ST-ZIP	HASBROUCK HEIGHT NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OUZTS, DANIEL R.	
STREET ADDRESS	2337 W. 76 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISCHBEIN, PETER D.	
STREET ADDRESS	777 TERRACE AVE., #517	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/3/99 DAYTIME PHONE #: (305) 558-4000

CR2E034 (11/98)