


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


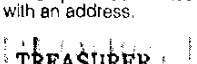
FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 839556 (8)					
1. Corporation Name TESINC, INC.					
Principal Place of Business 6523 NO BLACK CANYON HWY STE 800 PHOENIX AZ 85015 US			Mailing Address 4440 PGA BLVD SUITE 600 PALM BEACH GARDENS FL 33410-6542 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1977	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 03/06/1996	
22 City & State		27 City & State		4. FEI Number 86-0223588	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	SCHNEE, JOHN J				
STREET ADDRESS	6523 NO BLACK CANYON HWY, STE 200				
CITY-ST-ZIP	PHOENIX AZ				
TITLE	S <input type="checkbox"/> DELETE				
NAME	FRAZIER, PATRICIA B				
STREET ADDRESS	4440 PGA BLVD STE 600				
CITY-ST-ZIP	PALM BEACH GARDENS FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ADAMS, LOUIS W JR				
STREET ADDRESS	3108 VISTAMAR STR #7				
CITY-ST-ZIP	FT LAUDERDALE FL				
TITLE	DV <input type="checkbox"/> DELETE				
NAME	PLEDGER, THOMAS R.				
STREET ADDRESS	4440 PGA BLVD STE 600				
CITY-ST-ZIP	PALM BEACH GARDENS FL				
TITLE	T <input type="checkbox"/> DELETE				
NAME	BETLACH, DOUGLAS J				
STREET ADDRESS	4440 PGA BLVD SUIT E600				
CITY-ST-ZIP	PALM BEACH GARDENS FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	1079701				
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					



CR2E034 (9/96)

14. I do 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 or is changed, or on an attachment with an address.

SIGNATURE:  TREASURER:  4/9/97 (561) 627-7171