ANNUAL	OFIT DRATION REPORT 1996	FLORIDA DEPART Sandra B. Secretary DIVISION OF C	Mortham of State					
OCUMENT # F36018 (2) (2) TECH COMM, INC.						H ar i (11 - 1 1 - 12 - 12 - 12 - 12 - 12 - 12 - 12		
cipal Place of 3650 CORAL F		Mailing Address 3650 CORAL RIDGE DI STE 105-106				{		
CORAL SPRIN	GS FL 33065-2558	CORAL SPRINGS FL 3 US	3065-2558		3. Date Incorporated or Qualified 05/22/1981	3a. Date o	of Last Rep 4/06/199	ort)5
Principal Place	e of Business	2a. Mailing Address			4. FEI Number 59-2138178	<u> </u>		xplied For ot Applicable
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	28 Zip	Cou	ntry	8. This corporation has liability for	or intangible tax es \(\square\) No	unders 1	99.032,
	9. Name and Address of Curre	29 ent Registered Agent	30		10. Name and Address of Nev		gent	
	the provisions of Sections 607.05	1500 F. 11. Old de	e the ahr	84 City	ration submits this statement for the	FL purpose of char	nging its re	gistered offi
Pursuant to or registered familiar with	the provisions of Sections 607.056 d agent, or both, in the State of Flo , and accept the obligations of, Se	02 and 607.1508, Florida Statute orida. Such change was authorize ction 607.0505, Florida Statutes.	ed by the	corporation's boa	ration submits this statement for the and of directors. I hereby accept the a	ippointment as	registereu	agent. I am
or registered familiar with	d agent, or both, in the state of ric , and accept the obligations of, Se	ction 607.0505, Florida Statutes.	,	corporation's boa	eus when rojastalino	DATE		
or registered familiar with	d agent, or both, in the state of rich, and accept the obligations of, Se	ction 607 0505, Florida Statutes. ent and title if any incable INO IND DIRECTORS	TE: Registeres	d Ag ent signature requin		DATE DEFICERS AND		
or registered familiar with SNATURE _ si	gradure, typed or printed name of registered ago OFFICERS A P STANGLE, JOHN A 5930 NW 63 PLACE	ction 607.0505, Florida Statutes.	TE- Registere: 13. 1.1 1.21	s Agent signature require ITILE IAME STREET ADDRESS	eus when rojastalino	DATE DEFICERS AND	DIRECTOR	RS IN 12
or registered familiar with snaturesi	gradure, typed or printed name of registered ag OFFICERS A P STANGLE, JOHN A	ction 607 0505, Florida Statutes. ent and title if any incable INO IND DIRECTORS	13. 1.17 1.28 1.35 1.40 2.1 2.21	s Agent signaturo requiri TITLE IAME	eus when rojastalino	DATE DFFICERS AND C	DIRECTOR	RS IN 12
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SIGNATURE:

I do nereby 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 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 certify 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.

IGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Dat

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