

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

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May 05 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 # **F50631** (3)  
1. Corporation Name  
**SOUTHERN TECHNICAL SERVICES, INC.**

Principal Place of Business  
**3 BETHESDA METRO CENTER  
SUITE 810  
BETHESDA MD 20814  
US**

Mailing Address  
**3 BETHESDA METRO CENTER  
SUITE 810  
BETHESDA MD 20814  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3767 CARRICK DRIVE		2a. P.O. BOX 5118		10/21/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2148649	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 ORMOND BEACH, FL		28 ORMOND BEACH, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 32174		29 32175		30 USA	
Country		Country			
25 USA		30 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CROSS, PATRICIA L 33 WESTMORE LANE PALM COAST FL 32184				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				3767 CARRICK DRIVE			
				83			
				84 City			
				ORMOND BEACH			
				FL			
				85 Zip Code			
				32174			

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

*Patricia L. Cross*  
Signature, typed or printed name of registered agent and title if applicable

Treasurer

(NOTE: Registered Agent signature required when reinstating)

4/25/98  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, WILLIAM A.	1.2 NAME	
STREET ADDRESS	4801 FAIRMONT AVE APT 312	1.3 STREET ADDRESS	3767 CARRICK DRIVE
CITY-ST-ZIP	BETHESDA MD	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	CPTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, PATRICIA L.	2.2 NAME	
STREET ADDRESS	33 WESTMORE LANE	2.3 STREET ADDRESS	3767 CARRICK DRIVE
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Patricia L. Cross* Patricia L. Cross 4/25/98 (904) 673-5337

CR2E034 (10/97)