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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500002900 (7)

THE TECH GROUP, INC.

FILED Apr 18 1997 8:00am Secretary of State



· ·	ce of Business Comons Island RD., 4TH FLOOR 2 21401	Mailing Address 147 OLD SOLOMONS ISLAND RD., 4TH FLOOR ANAPOLIS MD 21401-0908			TH FLOOR	a seemen use seies äsist ääsis ääsis esist esist ääsib likke läiti Oftit ääsi 1991			
		******				3. Date Incorporated or Qualified 06/15/1995	3a. Date	of Last 3/1996	
	Place of Business	h1	ailing Address			4. FEI Number			Applied For
21		26				52-1370411	· · · · · · · · · · · · · · · · · · ·]١	lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22 City & Stal		27	P. Chate						Required
23	.c	ı	y & State			6. Election Campaign Financing	_		May Be
Zip	Country	28] Zip		Countr		Trust Fund Contribution			to Fees
24	25	29	•	30	y	8. This corporation has liability for Florida Statutes	intangible ta Yes		s. 199.032,
<u>= 1 </u>	9. Name and Address of Curren	l Registere	d Agent			10. Name and Address of New Re			
JAL	RVI, REED K	TL i i.		81	Name		J		
	AIRPORT ROAD					11 (0.0.0.			
	PLES FL 33942		82 Street Ac		ddress (P.O. Box Number is Not Acceptal	ole)			
				83					
				FL.			···········		
				84	City		FL	85 Zip	Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1 of Florida, S itions of, Se	508, Florida Statu Buch change was ection 607.0505, F	ites, the above authorized be forida Statule	e-named c y the corpo s.	corporation submits this statement for the paration's board of directors. I horeby acceptation's	ourpose of control of the appoin	hanging ntment a	its registered s registered
SIGNATURE	Stoodbyo lynad at pyriled name of work to de-	d and tele # -	stalium - www	TE FILLS OF			- 24,		
12.	Signature, typed or printed name of registered ages OFFICERS AND			TE Hegistered Ag	ont signature re	equired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE FOR AND D	IDECTO	DC IN 10
TITLE	VD OTTOERS AND		DELETE	1.1 TRIE	Т	ADDITIONS/OFFICES TO OFFIC		Change	Addition
NAME	TSAMOURAS, DANIEL			1.2 NAME			L.	_ Onange	NOUILION
STREET ADDRESS	147 OLD SOLOMONS ISLAND	ROAD			ADORESS				
CITY-ST-ZIP	ANNAPOLIS MD 21401	- 1		1.4 CDY-	Į.				
TITLE	P	•	DELETE	2.1 1016	21-711			Change	Addition
NAME	DIAISO, ROBERT J			2.2 NAME	İ		_	_ onunge	L NOSIGOT
STREET ADDRESS	147 OLD SOLOMONS ISLAND	ROAD			ADDRESS				
CITY-ST-ZIP	ANNAPOLIS MD 21401			2 4 CITY-	l l				
TITLE	VS		DETETE	31 TITLE	S1-1H		···	Change	Addition
NAME	KOZERO, JEFFREY B			3 2 NAME			L	ge	1.031101
STREET ADDRESS	147 OLD SOLOMONS ISLAND	ROAD			ADDRESS				
CITY-ST-ZIP	ANNAPOLIS MD 21401			3.4. C(1)					
TITLE	V		DELETE	4.1 TITLE				Change	Addition
NAME	JARVI, REED K			4. 2 NAMI					
STREET ADDRESS	269 AIRPORT ROAD			4.3 STREE	ADDRESS				
CITY-ST-ZIP	NAPLES FL 33942			4.4 CITY - S					
TITLE			DELETE	5.1 TITLE				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - S					
TITLE			DELFTE	6.1 TITLE				Change	Addition
NAME				6.2 NAME				J-	
STREET ADDRESS				6.3 STREET	ADDRESS				
City-St-Zip				6.4 CH1Y - S					
	or certify that the information cumplied	with this file	no doco not evel	9.5 VIII 1 2		10d b C-0- 410 07/00/3 Clarida Old II			

normation indicated on this annual report or supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.