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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

G93751

(7)

FILED Apr 22 1998 8:00am Secretary of State

TECH	NICAL SYSTEMS ASSOCIAT	TES, INC.			INI NINI A 444 LA ALAM A 481 LA 481 L
Principal Plac	ee of Business	Mailing Address			IDI BEDIK BUDIK DESIK BIDIK DESIK DESIK BUSIK
1900 CENTRAL FL. PKWY ORLANDO FL 32837 US 1900 CENTRAL FL. PKWY ORLANDO FL 32837 US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				03/23/1984	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	 	26		59-2403087	Not Applicable
22 Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	0	28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has pa	
24	25 9. Name and Address of Currer		90	Personal Property Tax due June 10. Name and Address of New Re	
41		W. Calling of Albert	81 Name	19. Hamb and Address of Her De	Resolution Wildelle
AUGUSTIN, EUGENE P					
ORLANDO FL 32819			82 Street Addre	ess (P.O. Box Number is Not Acceptat	ole)
Ur Ur	104400 FL 32019		83	<u> </u>	
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the p	purpose of changing its registered
l office or r	reg iste red agent, or both, in the State Im fam iliar with, and accept the oblig	e of Florida. Such change was au	thorized by the corporati	on's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE	and design that, and design the oblig		ou statates.		
SIGNATURE	Signature, typed or printed name of registered agr	ent and title it applicable (NOTE:	Registered Agent signature require	od when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DP .	☐ DELETE	1.1 TITLE		L Change L Addition
NAME	AUGUSTIN, EUGENE P		1.2 NAME		
STREET ADDRESS	\$515 TURKEY LAKE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819	DIST	1.4 CITY-ST-ZIP		
TITLE	ST TENDUMAN	☐ DELETE	2.1 TITLE		Change Addition
NAME	AUGUSTIN, TERRYMAY S		2.2 NAME		
STREET ADDRESS	5515 TURKEY LAKE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ORLANDO FL 32819	DELETE	2. 4 C/TY - ST - Z/P 3.1 T/TLE		Change Addition
NAME			3.1 MILE 3.2 NAME		Fit change Manifold
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. City-St-Zip		
TITLE		DELETE	4.1 Title		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
	ertily that the information supplied w	ith this filing does not qualify for		Section 119.07(3)(i) Florida Statutes, L	further certify that the information

Indicated on this annual report or supplied with this lining 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 is one 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 tho 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 officer.