

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

FILED
Feb 18 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 # J01559 (0)
1. Corporation Name
TEC VENTURES, INC.



Principal Place of Business % RICHARD W. PETTICREW 305 MARLBOROUGH ST. OLDSMAR FL 34677	Mailing Address 311 MARLBOROUGH ST. OLDSMAR FL 34677-3107
--	---

3. Date Incorporated or Qualified 02/27/1986	3a. Date of Last Report 03/06/1996
---	---------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2761482	Applied For Not Applicable
		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

PETTICREW, RICHARD W.
305 MARLBOROUGH ST.
OLDSMAR FL 34677

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

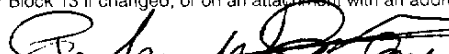
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETTICREW, RICHARD W.	
STREET ADDRESS	7206 N. MOBLEY RD.	
CITY - ST - ZIP	ODESSA FL 33556	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	PETTICREW, BEVERLY J.	
STREET ADDRESS	7206 N. MOBLEY DR.	
CITY - ST - ZIP	ODESSA FL 33556	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	DOYLE, COLLETTE F.	
STREET ADDRESS	606 BAY LAKE TRAIL	
CITY - ST - ZIP	OLDSMAR FL 33556	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MORRISSETTE, COLLEEN G.	
STREET ADDRESS	909 WOODLAND DR	
CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PETTICREW, CALVIN W.	
STREET ADDRESS	1316 BEACHWOOD AVE	
CITY - ST - ZIP	CLEARWATER FL 28792	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP Petticrew, Calvin W.
5.3 STREET ADDRESS	14 Bentwood Lane
5.4 CITY - ST - ZIP	Fletcher NC 28732
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:  RICHARD W. PETTICREW 2/12/97 8/3855-5725

CR2E034 (9/96)