FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J29135 (7)

1. Corporation Name
TECHNICAL CONFIGURATIONS, INC.

Principal Place of Business	Mailing Address
10111 W SUNRISE BLVD #302 PLANTATION FL 33322	10111 W SUNRISE BLVD #302 PLANTATION FL 33322

2. Principal Place of Business: 21 4223 NW 99 Terr.
Suite, Apt. #, etc.: 22
City & State: 23 Sunrise
Zip: 24 FL — Country: 25 33351

2a. Mailing Address: 26 4223 NW 99 Terr
Suite, Apt. #, etc.: 27
City & State: 28 Sunrise, FL
Zip: 29 33351 — Country: 30 Broward

3. Date Incorporated or Qualified: 08/18/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2704360 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ NO — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEWIS, RICHARD C.
799 BRICKELL PLAZA
SUITE 702
SUNRISE FL 33323

10. Name and Address of New Registered Agent

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 ________ DATE ________
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☑ DELETE	1.1 TITLE	VD ☑ Change ☐ Addition
NAME	JONES, JESSE A.		1.2 NAME	Robert Boyles
STREET ADDRESS	6540 N.W. 35 AVE.		1.3 STREET ADDRESS	4223 NW 99 Terrace
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Sunrise, FL 33351 Same
TITLE	PD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	VESPI, LINDA		2.2 NAME	Married new name 4223 NW 99
STREET ADDRESS	8921 W. SUNRISE BLVD.		2.3 STREET ADDRESS	Linda Vespi Boyles Sunrise, FL
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	3.1 TITLE	DST ☑ Change ☐ Addition — Address
NAME	VESPI, JOSEPH A		3.2 NAME	Jos. Vespi
STREET ADDRESS	~~10111 W. SUNRISE BLVD. #302~~		3.3 STREET ADDRESS	2642 Nob Hill Rd
CITY-ST-ZIP	~~PLANTATION FL~~		3.4 CITY-ST-ZIP	Sunrise, FL
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			6.4 CITY-ST-ZIP	

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***200.00

900001856329
-06/10/96--01001--025
***25.00

06-07-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Linda Vespi Boyles — Linda Vespi Boyles — 05-06-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #