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 # **J59590** **(6)**

1. Corporation Name

TEKCON INC.

Principal Place of Business:

C/O WILLIAM C. DAVELL
1401 EAST BROWARD BLVD., #300
FT LAUDERDALE FL 33301

Mailing Address:

C/O WILLIAM C. DAVELL
1401 EAST BROWARD BLVD., #300
FT LAUDERDALE FL 33301

2. Principal Place of Business
21 280 West Prospect Road
Suite, Apt. #, etc.
22
City & State
23 Oakland Park, FL
Zip 24 33309 Country 25 USA

2a. Mailing Address
26 280 West Prospect Road
Suite, Apt. #, etc.
27
City & State
28 Oakland Park, FL
Zip 29 33309 Country 30 USA

3. Date Incorporated or Qualified: 02/27/1987

3a. Date of Last Report: 05/11/1995

4. FEI Number: 65-0005731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$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

DAVELL, WILLIAM C.
~~301 VICTORIA PARK CENTRE~~
~~1401 EAST BROWARD BLVD~~
~~FT LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1 FINANCIAL PLAZA
83 Suite 2600
84 City FT Laud FL 85 Zip Code 33394

11. Pursuant to the provisions of Sections 617.0502 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: William C. Davell William C. Davell 1/22/96
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FORSYTH, BARRY E., JR.	
STREET ADDRESS	280 W. PROSPECT ROAD	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	D	☐ DELETE
NAME	LUNSFORD, BRIAN F.	
STREET ADDRESS	960 NW 36TH ST	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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 added, above, or on an attachment with an address.

SIGNATURE: Barry E. Forsyth ~~BARRY~~ E. FORSYTH, JR. 03/28/96 (954) 566-5775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)