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Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J61184 (4)  
1. Corporation Name  
TECH T.V. SERVICE CENTER, INC.

Principal Place of Business * ROBERT P. MILETTI 148 S NOVA RD ORMOND BEACH FL 32174-6115 US	Mailing Address * ROBERT P. MILETTI 148 S NOVA RD. ORMOND BEACH FL 32174-6115 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 407 N. U.S. Hwy #1 Suite, Apt. #, etc. 22 MELROSE PLAZA City & State 23 ORMOND BEACH, FL. Zip 24 32174	2a. Mailing Address 26 407 N. U.S. Hwy #1 Suite, Apt. #, etc. 27 MELROSE PLAZA City & State 28 ORMOND BEACH, FL Zip 29 32174	3. Date Incorporated or Qualified 04/01/1987	4. FEI Number 59-2775471	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MILETTI, ROBERT P. 144 SOUTH NOVA ROAD ORMOND BEACH FL 32074	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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	D	1.1 TITLE	
NAME	MILETTI, ROBERT P.	1.2 NAME	407 N. U.S. Hwy #1
STREET ADDRESS	148 S NOVA RD.	1.3 STREET ADDRESS	MELROSE PLAZA
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174
TITLE	S	2.1 TITLE	
NAME	MILETTI, DIANE	2.2 NAME	407 N. U.S. Hwy #1
STREET ADDRESS	148 S. NOVA RD.	2.3 STREET ADDRESS	MELROSE PLAZA
CITY-ST-ZIP	ORMOND Bch. FL	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Diane Milette 4/13/98 904-623-3840

CR2E034 (10/97)