

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J63627** (0)

1. Corporation Name

TECHNISOURCE, INCORPORATED



Principal Place of Business

**1901 WEST CYPRESS CREEK RD.
STE. 400
FT. LAUDERDALE FL 33309**

Mailing Address

**1901 WEST CYPRESS CREEK RD.
STE. 400
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**COLLARD, JOSEPH
1901 W. CYPRESS CREEK RD.
SUITE 401
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified

03/25/1987

3a. Date of Last Report

06/21/1995

4. FEI Number

59-2786227

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

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 607.1506, 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 of Registered Agent or Secretary of the Corporation (If the Registered Agent is a corporation, the signature must be of an officer or director of the corporation.)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **PD** ☐ DELETE
2. NAME: **COLLARD, JOSEPH**
3. STREET ADDRESS: **1901 CYPRESS CREEK RD., SUITE 401**
4. CITY-ST-ZIP: **FT. LAUDERDALE FL 33309**

1. TITLE: **SD** ☐ DELETE
2. NAME: **ROBERTSON, JAMES**
3. STREET ADDRESS: **6058 RAQUET COURT**
4. CITY-ST-ZIP: **NORTH LAUDERDALE FL**

1. TITLE: ☐ DELETE
2. NAME: ☐ DELETE
3. STREET ADDRESS: ☐ DELETE
4. CITY-ST-ZIP: ☐ DELETE

1. TITLE: ☐ DELETE
2. NAME: ☐ DELETE
3. STREET ADDRESS: ☐ DELETE
4. CITY-ST-ZIP: ☐ DELETE

1. TITLE: ☐ DELETE
2. NAME: ☐ DELETE
3. STREET ADDRESS: ☐ DELETE
4. CITY-ST-ZIP: ☐ DELETE

1. TITLE: ☐ DELETE
2. NAME: ☐ DELETE
3. STREET ADDRESS: ☐ DELETE
4. CITY-ST-ZIP: ☐ DELETE

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:

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE:

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE:

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE:

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE:

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-ST-ZIP:

14. I 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exhibit to Form #

CR2E034 (12/95)