## FILE NUW: FILING FEE AFTEN MAT 151 15 \$500.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J63627

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TECHNISOURCE, INC

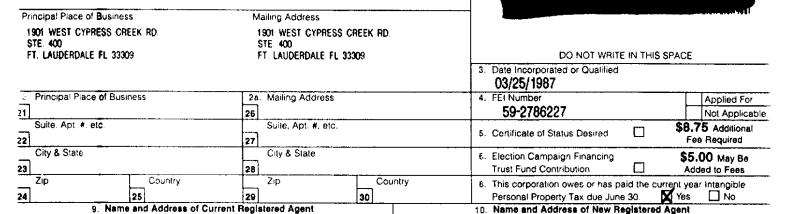
COLLARD, JOSEPH

CONTONATIONS

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



1901 W. CYPRESS CREEK RD.
SUITE 401
FT. LAUDERDALE FL 33309

82 Street Address (P.O. Box Number is Not Acceptable)
83

FL 85 Zip Code

81 Name

13. 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 of 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 lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE Signatura, typed or printed hante of registered agent and life if applicable (NOTE Registered Agent signature required when reinstaling) 5 7 5 5 7 12. OFFICERS AND DIRECTORS 13. ADDITIONS DE ANGES T TITLE DELETE Change 1.1 TITLE Addition COLLARD, JOSEPH 700002566737-NAME 1.2 NAME 1901 CYPRESS CREEK RD., SUITE 401 -06/19/98--01123--001 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33309 OITY - ST-ZIP \*\*\*\*550.00 \*\*\*\*550.00 14 CITY-ST-ZIP \_\_\_\_Change Addition TITLE DELETE 21 TITLE **ROBERTSON, JAMES** NAME 22 NAME 1901 CYPRESS CREEK RD., STE 401 STREET ADDRESS 2 3 STREET ADDRESS \*\*\*\*\*35.00 \*\*\*\*35.00 FT. LAUDERDALE FL CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP 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 DELETE TITLE Addition 51 TITLE ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS C:TY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this liling 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 algorithms same legal effect as if made under oath; that I am an officer or director of the corporation on the receiver of 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 an alter the receiver of the corporation o