

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J99465

(3)

1. Corporation Name

TECH SOURCE, INC.

Principal Place of Business

**442 S. NORTH LAKE BLVD. 1008
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**442 S. NORTH LAKE BLVD. 1008
ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/29/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2860843

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**INFOSEARCH, INC.
110 N. MAGNOLIA ST.
SUITE 105
TALLAHASSEE FL 32308**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VDC
NAME	LAMM, JOSEPH D.
STREET ADDRESS	442 S. N LAKE BLVD #1008
CITY- ST- ZIP	ALTAMONTE SPRG. FL
TITLE	VTSD
NAME	GUPTA, RAJENDRA K.
STREET ADDRESS	442 S. N LAKE BLVD #1008
CITY- ST- ZIP	ALTAMONTE SPRINGS FL
TITLE	D
NAME	LEAL, EDWARD
STREET ADDRESS	442 S. N LAKE BLVD #1008
CITY- ST- ZIP	ALTAMONTE SPRINGS FL
TITLE	PD
NAME	TOBIAS, MICHAEL J
STREET ADDRESS	442 S NORTH LK BLVD 1008
CITY- ST- ZIP	ALTAMONTE SPRINGS FL
TITLE	D
NAME	BENOFELT, RICHARD E
STREET ADDRESS	442 S. NORTH LAKE BLVD, #1008
CITY- ST- ZIP	ALTAMONTE SPGS FL
TITLE	
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 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: Rajendra K. Gupta 1/3/95 407-262-7100
VP + CFO