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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

J99465

(3)

DOCUMENT #

1. Corporation Name

Principal Place of Business

TECH SOURCE, INC.

Mailing Address



ALTAMONTE	TH LAKE BLVD. 1008 SPRINGS FL 32701	442 S. NORTH LAKE ALTAMONTE SPRING			3. Date Incorporated or Qualified 10/29/1987	3a. Date of Last 04/26/	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For Not Applicable
		26			59-2860843		75 Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	e Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	7	.00 May Be ded to Fees
Zip	Country	Zip	Countr 30	у	8. This corporation has liability for i	ntangible tax under	s 199.032,
4	25 9. Name and Address of Current I	11	[30]		10. Name and Address of New R		
	9. Name and Address of Current	negistered Agent	81	Name		<u> </u>	
	EARCH, INC.		62	Street Ado	ress (P.O. Box Number is Not Acceptab	le)	
110 N. SUITE	Magnolia St. 105		83	3			
	HASSEE FL 32308		84	4 City		85	Zip Code
			[-	1		FLII	
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	i. Such change was authori n 607.0505, Florida Statute	S.	poration s bor	oration submits this statement for the pur ard of directors. I hereby accept the app		red agent. I am
OIGHT TOTAL _	Signature, typod or printed name of registered agent an OFFICE'RS AND			ient signature recur	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE DERS AND DIREC	TORS IN 12
		The second secon	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF		
	VDCT	DELETE	1. 1 3ffLl	-	ADDITIONS/CHANGES TO OFF	Chang	
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4. 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 insticated on this annual report of 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 of director of the corporation or that 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 for an an attay ment with an address.

SIGNATURE:

RE AND TO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 262-7100