

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32701-5244**



2. Principal Place of Business

21 State Apt # etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/29/1987

3a. Date of Last Report

05/01/1996

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

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 true if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VDC** ☐ DELETE

NAME **LAMM, JOSEPH D.**
STREET ADDRESS **442 S. N LAKE BLVD #1008**
CITY-ST-ZIP **ALTAMONTE SPRG. FL**

TITLE **D** ☐ DELETE

NAME **LEAL, EDWARD**
STREET ADDRESS **442 S. N LAKE BLVD #1008**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **PD** ☐ DELETE

NAME **TOBIAS, MICHAEL J**
STREET ADDRESS **442 S NORTH LK BLVD 1008**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **BENDFELT, RICHARD E**
STREET ADDRESS **442 S. NORTH LAKE BLVD, #1008**
CITY-ST-ZIP **ALTAMONTE SPGS FL**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
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 ☐ 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

(407) 262-7100

CR2E034 (9/96)