

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **K17105** (3)

1. Corporation Name  
**TC TECHNOLOGIES, INC.**



Principal Place of Business  
**% ALFRED FINKELSTEIN  
6401 GALLOWAY ROAD, 87TH AVENUE, S.W.  
MIAMI FL 33173**

Mailing Address  
**% ALFRED FINKELSTEIN  
6401 GALLOWAY ROAD, 87TH AVENUE, S.W.  
MIAMI FL 33173**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**03/07/1988**

3a. Date of Last Report  
**08/08/1995**

4. FEI Number  
**65-0039202**

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

9. Name and Address of Current Registered Agent

**FINKELSTEIN, ALFRED  
6401 GALLOWAY ROAD  
87TH AVENUE, S.W.  
MIAMI FL 33173**

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 of the person who is registered agent for this corporation.

Signature of the person who is registered agent for this corporation.

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                       | STREET ADDRESS                 | CITY-ST-ZIP                 | <input type="checkbox"/> DELETE |
|-------|----------------------------|--------------------------------|-----------------------------|---------------------------------|
|       | <b>D MYERS, ALBERT B.</b>  | <b>101-40 E. BROADVIEW DR.</b> | <b>BAY HARBOR ISLAND FL</b> |                                 |
|       | <b>D MYERS, RONALD B.</b>  | <b>17105 TOP SIDE</b>          | <b>WARTON NJ</b>            |                                 |
|       | <b>D MYERS, LANCE D.</b>   | <b>200 E. END AVE., 2L</b>     | <b>NEW YORK NY</b>          |                                 |
|       | <b>D KAHN, LAURENCE H.</b> | <b>350 CRESTMONT RD</b>        | <b>CEDAR GROVE NJ</b>       |                                 |
|       | <b>D BROWN, RICHARD A</b>  | <b>1930 HARBORSIDE DR.</b>     | <b>LONGBOAT KEY FL</b>      |                                 |
|       |                            |                                |                             |                                 |
|       |                            |                                |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|-----------------|-------------------------------------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Laurence H. Kahn* *Laurence H. Kahn* *May 15, 1996* *201-857-5332*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)