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Mar 27 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 # 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

3. Date Incorporated or Qualified

03/07/1988

3a. Date of Last Report

05/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0039202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MYERS, ALBERT B.	
STREET ADDRESS	101-40 E. BROADVIEW DR.	
CITY- ST- ZIP	BAY HARBOR ISLAND FL	
TITLE	D	DELETE
NAME	MYERS, RONALD B.	
STREET ADDRESS	17105 TOP SIDE	
CITY- ST- ZIP	WARTON NJ	
TITLE	D	DELETE
NAME	MYERS, LANCE D.	
STREET ADDRESS	200 E. END AVE., 2L	
CITY- ST- ZIP	NEW YORK NY	
TITLE	D	DELETE
NAME	KAHN, LAURENCE H.	
STREET ADDRESS	350 CRESTMONT RD	
CITY- ST- ZIP	CEDAR GROVE NJ	
TITLE	D	DELETE
NAME	BROWN, RICHARD A	
STREET ADDRESS	1930 HARBORSIDE DR.	
CITY- ST- ZIP	LONGBOAT KEY FL	
TITLE		DELETE
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 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: Laurence H. Kahn Laurence H. Kahn 3-11-97 201-857-5332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)