

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0039202	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
		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	<input type="checkbox"/> DELETE			
NAME	MYERS, ALBERT B.				
STREET ADDRESS	101-40 E. BROADVIEW DR.				
CITY - ST - ZIP	BAY HARBOR ISLAND FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MYERS, RONALD B.				
STREET ADDRESS	17105 TOP SIDE				
CITY - ST - ZIP	WARTON NJ				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MYERS, LANCE D.				
STREET ADDRESS	200 E. END AVE., 2L				
CITY - ST - ZIP	NEW YORK NY				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KAHN, LAURENCE H.				
STREET ADDRESS	350 CRESTMONT RD				
CITY - ST - ZIP	CEDAR GROVE NJ				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BROWN, RICHARD A				
STREET ADDRESS	1930 HARBORSIDE DR.				
CITY - ST - ZIP	LONGBOAT KEY FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					

14. I 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 4-20-98 973-857-5332
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0240945

CR2E034 (1097)