

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90270 013 \*\*\*150.00

DOCUMENT # K17105

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1988

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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.

(NOT E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MYERS, ALBERT B.  
STREET ADDRESS 101-40 E. BROADVIEW DR.  
CITY-ST-ZIP BAY HARBOR ISLAND FL

☒ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME MYERS, RONALD B.  
STREET ADDRESS 17105 TOP SIDE  
CITY-ST-ZIP WARTON NJ

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME MYERS, LANCE D.  
STREET ADDRESS 200 E. END AVE., 2L  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME KAHN, LAURENCE H.  
STREET ADDRESS 350 CRESTMONT RD  
CITY-ST-ZIP CEDAR GROVE NJ

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME BROWN, RICHARD A  
STREET ADDRESS 1930 HARBORSIDE DR.  
CITY-ST-ZIP LONGBOAT KEY FL

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ 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, with a letter like empowered.

SIGNATURE:

Laurence H. Kahn Laurence H. Kahn 4/23/99 973-857-5332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0249065