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3/21/95 B-2453-C

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # K96112 (3)

1. Corporation Name
TECHNICAL SERVICE CORPORATION INTERNATIONAL, INC

Principal Place of Business	Mailing Address
~~169 LINCOLN ROAD, SUITE 304~~ ~~MIAMI BEACH FL 33139~~	~~169 LINCOLN ROAD, SUITE 304~~ ~~MIAMI BEACH FL 33139~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/16/1989
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business
21 1490 NW 79th Ave.
22 Suite, Apt. #, etc.
23 City & State: Miami, FL
24 Zip: 33126
25 Country:

2a. Mailing Address
26 1490 NW 79th Ave.
27 Suite, Apt. #, etc.
28 City & State: Miami, FL
29 Zip: 33126
30 Country:

4. FEI Number: 65-0168482 ☐ 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

FISHMAN, JACOB
1385 NW 15 ST
MIAMI FL 33125

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCIVAIN, STEPHEN	1.2 NAME	
STREET ADDRESS	2121 N. BAYSHORE DRIVE, #1011	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	HEUBERGER, JULIE A.	2.2 NAME	
STREET ADDRESS	2426 FISHER ISLAND DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	NODINE, JAMES	3.2 NAME	
STREET ADDRESS	2426 FISHER ISLAND DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	☐ Change ☐ Addition
NAME	NODINE, DIANNE	4.2 NAME	
STREET ADDRESS	2426 FISHER ISLAND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 above, or on an attachment with an address.

SIGNATURE: STEPHEN MCILVAIN 3/13/95 305-592-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140632 CP