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

PROFIT CORPORATION ANNUAL REPORT



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

1996

M93374

	MENT # M933' TECHNICAL SERVICE, INC	•	,					
cipa' Place	of Business	Mailing Address				I DIA BAUL BAUR DIA		
C/O LOIS ELLIS 2600-76 B. W. MICHIGAN AVE PENSACOLA FL 32526		C/O LOIS ELLIS 2600-76 B. W. MICHIGAN AVE PENSACOLA FL 32526					- 4 	
					 Date Incorporated or Qualified 08/09/1988 		of Last F 3/13/1 8	
Poncipal Pla	ice of Business	2a. Mailing Address			4. FEI Number	<u>~_</u>		Applied For
		26			59-2903759	· ·a		Not Applicable
Suite, Apt. #	t, etc	Suite, Apt. #, etc	C.		5. Certificate of Status Desired			5 Additional Required
Dity & State	2011 C	City & State			6. Election Campaign Financing			May Be
		28			Trust Fund Contribution			d to Fees
'I\$'1	Country	Zip	<u> </u>	ountry	8. This corporation has liability fo		x under s	199.032,
	25 9. Name and Address of Currer	29 29 Arent	30		Florida Statutes X Ye 10. Name and Address of New	Baglatarad (laont	·
	5. Name and Address of Curren	it tregistered Agent		81 Name	IV. Hallie alla Addiess di Rem	vedisteled i	(gen)	·
ELLIS, L	OIS			82 Street Addr	ress (P.O. Box Number is Not Accepta	ahla)		
	B. W. MICHIGAN AVE			Street Addr	ress (r.o. box number is not accepte	aDie)		
PENSAC	OOLA FL 32526			83				
				84 City		······	85 Z	p Code
				1 1		FL		
familia: wit	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori in, and accept the obligations of, Sect	2 and 607.1508, Florida St ida. Such change was aut tion 607.0505, Florida Stal	tatutes, the ab horized by the lutes.	ove-named corpor corporation's boa	ration submits this statement for the p ard of directors. I hereby accept the ap	urpose of cha pointment as	nging its registered	registered offic d agent. I am
-familia: witi NATURE	n, and accept the obligations of, Sect Separate band or prater name of registered again OFFICERS AN	tion 607.0505, Florida Stal t and the diaggical la ID DIRECTORS	tutos.	ed Agent signature require		DATE		
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SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 FB., 1996 (904)944-345