

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P07757** (8)

1. Corporation Name  
**TECH-VEST, INC.**



Principal Place of Business  
**124 ST. CROIX AVENUE  
COCOA BEACH FL 32931**

Mailing Address  
**124 ST. CROIX AVENUE  
COCOA BEACH FL 32931**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/15/1985</b>		3a. Date of Last Report <b>02/02/1995</b>	
21. Subst. Apt. #, etc.		26. Subst. Apt. #, etc.		4. FEI Number <b>25-1364247</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		30. Country		8. This corporation has liability or intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HRADESKY, EDWARD L.  
124 ST. CROIX AVENUE  
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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 of registered agent or printed name of registered agent and the filer, if applicable

(If filer is Registered Agent, signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
	<b>PD HRADESKY, EDWARD L. 124 ST. CROIX AVENUE COCOA BEACH FL</b>						
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
	<b>VPD HRADESKY, ELSIE 124 ST. CROIX AVENUE COCOA BEACH FL</b>						
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
	<b>SD MCGILL, PATRICIA H. 124 ST. CROIX AVENUE COCOA BEACH FL</b>						
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP
	<input type="checkbox"/> DELETE						

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)(k), 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: *Edward L. Hradecky* **29 Jan 96** **407-7838474**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)