

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

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Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P21159** (9)  
1. Corporation Name  
**TECHNICORP (INC.)**

Principal Place of Business <b>646 EYSTER BLVD. ROCKLEDGE FL 32955</b>	Mailing Address <b>646 EYSTER BLVD. ROCKLEDGE FL 32955</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/04/1988</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>22-2194032</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>DUGAN, W. DAVID 1090 NORTH A1A P.O. BOX 3325, 32903-3325 INDIANLANTIC FL 32903</b>				10. Name and Address of New Registered Agent	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMASULO, WALTER</b>	1.2 NAME	
STREET ADDRESS	<b>899 JEFFERSON ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUART, COLLEEN M.</b>	2.2 NAME	
STREET ADDRESS	<b>899 JEFFERSON ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUART, COLLEEN M.</b>	3.2 NAME	
STREET ADDRESS	<b>899 JEFFERSON ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNPHY, RICHARD T.</b>	4.2 NAME	
STREET ADDRESS	<b>61 CLARK AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RUTHERFORD NJ</b>	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEIDER, STEPHEN</b>	5.2 NAME	
STREET ADDRESS	<b>10 W 74TH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; 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 in an attachment with an address.

SIGNATURE

*Colleen M. Stuart*

2/26/98 407-631-6817

CR2E034 (10/97)