

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 # P30231

(5)

1. Corporation Name

TECHNICAL SPECIALTIES COMPANY, NY

Principal Place of Business

2415 DESTINY WAY, STE 3
ODESSA FL 33556

Mailing Address

2415 DESTINY WAY, STE 3
ODESSA FL 33556



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1990		3a. Date of Last Report 04/11/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-1910883		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

HADER, SIMON N.
2415 DESTINY WAY
STE. 3
ODESSA FL 33556

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

Simon N. Hader

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when filing this report)

4/10/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HADER, SIMON	1.2 NAME	
STREET ADDRESS	4574 BERISFORD BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HADER, ALAN	2.2 NAME	
STREET ADDRESS	1463A SPREADING OAK DR	2.3 STREET ADDRESS	172 APPELEGATE LANE
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816
TITLE	DV	3.1 TITLE	DV/K
NAME	HADER, NINETTE	3.2 NAME	
STREET ADDRESS	4574 BERISFORD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SCHULTZ, ANDREA	4.2 NAME	ANDREA SCHUTZ
STREET ADDRESS	3330 WEDGEWOOD WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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:

Simon N. Hader

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

813-336-8858

Date

Us/Int. Phone #

CR2E034 (12/95)