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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P30231 (5)

1. Corporation Name  
TECHNICAL SPECIALTIES COMPANY, INC.

Principal Place of Business  
2415 DESTINY WAY, STE 3  
ODESSA FL 33556

Mailing Address  
2415 DESTINY WAY, STE 3  
ODESSA FL 33556-3413



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1990		3a. Date of Last Report 04/18/1996	
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 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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HADER, SIMON N. 2415 DESTINY WAY STE. 3 ODESSA FL 33556				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	HADER, SIMON	12 NAME	
STREET ADDRESS	4574 BERISFORD BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	HADER, ALAN	22 NAME	
STREET ADDRESS	172 APPLGATE LANE	23 STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ	24 CITY-ST-ZIP	
TITLE	DVS	31 TITLE	
NAME	HADER, NINETTE	32 NAME	
STREET ADDRESS	4574 BERISFORD BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	SCHUTZ, ANDREA	42 NAME	
STREET ADDRESS	3330 WEDGEWOOD WAY	43 STREET ADDRESS	
CITY-ST-ZIP	TARPOON SPRINGS FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 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: *Ninette Hader* Ninette HADER 4/9/97 813-376-8898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)