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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P30231

(5)

TECHNICAL SPECIALTIES COMPANY, INC.

**FILED** Mar 24 1998 8:00am Secretary of State



| Suite, Apt. #, etc  27  City & State  City & State  Zip  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  \$8.75 Additional Fee Required  \$8.75 Additional Fee Required  \$5.00 May Be Trust Fund Contribution  Added to Fees  Country  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  \$5.00 May Be Added to Fees  Country  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  \$5.00 May Be Added to Fees  Country  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  \$5.00 May Be Added to Fees  | Principal Place   | e of Business                                       | Mailing Address                      |                  |                                  |  |                 |               |  |
|--|---|---|--------------------------------------|------------------|----------------------------------|--|-----------------|---------------|--|
| 2. Principal Place of Business   2a Mailing Address   4. FEI Number   Applied For   3. Date incorporated or Qualified   O7/20/1890   4. FEI Number   Applied For   5. Suite, Apt. #, etc.   Suite, Apt. #, etc.   5. Suite, Apt. #, etc.   Suite, Apt. #, etc.   5. City & State   City & State   City & State   5. Continued or Status Desired   For Feedured   7. Suite, Apt. #, etc.   S. Continued or Status Desired   For Feedured   7. Suite, Apt. #, etc.   S. Continued or Status Desired   For Feedured   7. Suite, Apt. #, etc.   S. Continued or Status Desired   Status Des | 2415 DESTINY  | WAY. STE 3  | 2415 DESTINY WAY. STE 3              |                  |                                  |  |                 |               |  |
| E. Frincipal Place of Business   2e, Maning Address   3, 1910883   Applied For   Solid, Apt. 9, etc.   50   Applied For   Solid, Applied For   Solid, Applied For   Solid, Applied For   Solid, Applied F |   |   |                                      |                  | DO NOT WRITE IN THIS SPACE       |  |                 |               |  |
| ## Principal Place of Business   |   |   |                                      |                  |                                  |  | STACE.          | <sub>1</sub>  |  |
| Principal Place of Business   2a   |   |   |                                      |                  |                                  | · ·  |                 |               |  |
| Selex Apt #, etc   26   27   28   27   28   27   28   27   28   27   28   28   | 6 Oringinal Di  | land of Pusinger                                    | Les Mailing Address                  |                  |                                  | 0//20/1990   |                 | antind For    |  |
| Solition April 4, etc.   State   Sta   |   | ace of business                                     | <del></del>                          |                  |                                  |  | <del></del>     |               |  |
| City & Stello  City & | 21 Suito Apt  | # olo   | . [5 ] [ ]                           |                  |                                  |  |                 |               |  |
| City & State    Country   Zip   Country   Zip   Country   Zip   Country   Zip   Zip  | <del></del>   |   | <u> </u>                             |                  | 5. Certificate of Status Desired | <b>*</b> • • • • •                                     |                 |               |  |
| 2p   Country   2p   Personal Property Tax due June 30.   |   | 3   |                                      |                  | Floation Compaign Figureign      |  | <u> </u>        |               |  |
| Zip   Country   Zip   30   30   Nite composition owns or has peld the current year Interplate   Name and Address of Current Registered Agent   10   Name and Address of Current Registered Agent   10   Name and Address of Current Registered Agent   10   Name and Address of New Registered Agent   10   Name and Address (P.O. Box Number is Not Acceptable)   11   Name and Address of New Registered Agent   10   Name and Address (P.O. Box Number is Not Acceptable)   11   Name and Address (P.O. Box Number is Not Acceptable)   11   Name and Address (P.O. Box Number is Not Acceptable)   12   Name and Number    | <u> </u>  |   | F- '                                 |                  |                                  |  |                 |               |  |
| Second Property Tax due June 30   Wee   No   |   |   |                                      | Country          |                                  |  |                 |               |  |
| ## ADER, SIMON N. 2415 DESTINY WAY STE. 3  ODESSA FL 33556  ## City  | 24  | 25  | <b>├</b> ── '                        |                  |                                  |  |                 |               |  |
| HAUEH, SIMON N. 2415 DESTRY WAY STE. 3  ODESSA FL 33556  4 City FL 85 Zip Code  11. Pursuant to the provisions of Societies 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the Slate of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the Slate of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. or both, in the Slate of Florida Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent. or both, in the Slate of Florida Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent. I  |   | g. Name and Address of Curren                       | t Registered Agent                   |                  |                                  | 10. Name and Address of New Registered                 | Agent           |               |  |
| 2415 DESTINY WAY STE: 3 ODESSA FL 33556  82 Street Address (P.O. Box Number is Not Acceptable)  83   | НАІ   | DER SIMON N   |                                      | 81               | Name                             |  | · · ·           |               |  |
| STE. 3 ODESSA FL 33556   44 City FL 85 Zip Code  11. Pursuent to the provisions of Soctions 607.05.02 and 607 15.08. Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statuties, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statuties, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statuties, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505. Florida Statuties for the purpose of changing its registered agent agents are unambited to the purpose of changing its registered agent agents are unambited in the purpose of changing its registered agent agents are unambited in the purpose of changing its registered agent. I am a purpose of changing its registered agent agents are unambited in the purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered ag |   |   |                                      | 93               | Etropt Ad                        | drong (P.O. Boy Number in Not Acceptable)              |                 |               |  |
| STEET ADDRESS   STEET ADDRES   |   |   |                                      | 62               | Stieet Adi                       | diess (F.O. Box Number is Not Acceptable)              |                 |               |  |
| 11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statules, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Brothe Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the corp the orbigations of Section 607.0502. Florida Statules, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent, and the corp the orbigations of Section 607.0502. Florida Statules, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent and the data process. Florida Statules, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent and the data process. Florida Statules, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent, and the purpose of changes in the data process. Florida Statules, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent, and the purpose of changes in the data process. Florida Statules and the purpose of changes in the data process. In the corporation submits this statement for the purpose of changing its registered agent. The purpose of changes is the appointment as registered agent. The purpose of changes is the corporation's board of directors. I hereby accept the appointment as registered agent. The appointment as register |   |   |                                      | 63               |                                  |  |                 |               |  |
| 1. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Soction 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Soction 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent superior agent. I am familiar with, and accept the obligations of Soction 607.0505, Florida Statutes, the object of the obligations of Soction 607.0505, Florida Statutes, the object of the obligations of Soction 607.0505, Florida Statutes, the object of the obligations of Soction 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent superior agent. I hereby accept the appointment as registered agent superior agent. I hereby accept the appointment as registered agent superior agent. I hereby accept the appointment as registered agent superior agent. I hereby accept the appointment as registered agent superior agent. I hereby accept the appointment as registered agent superior agent. I hereby accept the appointment as registered agent superior accept the obligation of Society and accept the appointment as registered agent superior accept the obligation of Society and accept the appointment as registered agent superior accept the obligation of Society and accept the appointment as registered agent superior accept the obligation accept the appointment as registered agent superior accept the object of Society and accept the object of Society and accept the object accept the object of Society and accept the object a | 001   | LOOK 1 E 00000                                      |                                      | -                | <u> </u>                         |  | [aa] 7:-        | ~             |  |
| 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 and manifer with obligations of, Soction 607 6505. Florida Statute's.    Signature by and cocopt the obligations of, Soction 607 6505. Florida Statute's.   |   |   |                                      | 84               | City                             | FL   | 85 Zip          | Code          |  |
| 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 and manifer with obligations of, Soction 607 6505. Florida Statute's.    Signature by and cocopt the obligations of, Soction 607 6505. Florida Statute's.   | 11. Pursuant t  | to the provisions of Sections 607.050               | 2 and 607.1508, Florida Statute      | s, the above-    | named co                         | rporation submits this statement for the purpose of    | f changing to   | ts registered |  |
| SIGNATURE   Signature typed to protect orange decoral agent and title it approache   PADE   PADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12   ADDITIONS/CHANGES   12   ADDITIONS/CHANGES   12   ADDITIONS/CHANGES   12   ADDITIONS/CHANGES   12   ADDITIONS/CHANGES   13   ADDITIONS/CHANGES   14   OTTY-ST-ZIP   Change   Addition   ADDITIONS/CHANGES   ADDITIONS/CHANG   | 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 |   |                                      |                  |                                  |  |                 |               |  |
| 12.  |   |   |                                      |                  |                                  |  |                 |               |  |
| TITLE  | SIGNATURE   | Signature, typed or printed name of registered agr- | nt and tille if applicable (NOTE:    | Registered Agent | signature req                    | uired when reinstating) DATE                           |                 |               |  |
| MAME   HADER, SIMON   12 NAME   13 STREET ADDRESS   1474 BERISFORD BLVD.   1.3 STREET ADDRESS   1.4 CMY-ST-ZIP   | 12.   | OFFICERS AND  | DIRECTORS                            | 13.              |                                  | ADDITIONS/CHANGES TO OFFICERS AN                       | D DIRECTOR      | RS IN 12      |  |
| 1.3 STREET ADDRESS   | TITLE   | PD  | DELETE                               | 1.1 TITLE        |                                  |  | Change          | Addition      |  |
| 1.3 STREET ADDRESS   | NAME  | HADER, SIMON  |                                      | 1.2 NAME         |                                  |  |                 |               |  |
| City-St-2IP  | STREET ADDRESS  |   |                                      | 1.3 STREET A     | DDRESS                           |  |                 |               |  |
| TITLE  | CITY-ST-ZIP   |   |                                      | 1.4 CITY-ST-     | ZIP                              |  |                 |               |  |
| 172 APPLEGATE LANE   |   | D   | ☐ DELETE                             | 2.1 TITLE        |                                  | · · ·  | Change          | Addition      |  |
| 172 APPLEGATE LANE   | NAME  | HADER, ALAN   |                                      | 2.2 NAME         |                                  |  |                 |               |  |
| CITY-ST-ZIP  ITILE  DVS  AAME  HADER, NINETTE  4574 BERISFORD BLVD.  CITY-ST-ZIP  PALM HARBOR FL  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  4.1 TITLE  Change  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELETE  4.1 TITLE  ACTY-ST-ZIP  TARPON SPRINGS FL  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ACTY-ST-ZIP  TITLE  ACTY-ST-ZIP  TITLE  ACTY-ST-ZIP  DELETE  6.1 TITLE  ACTY-ST-ZIP  TITLE  ACTY-ST-ZIP  TITLE  ACTY-ST-ZIP  | STREET ADDRESS  |   |                                      | 2.3 STREET A     | DORESS                           |  |                 |               |  |
| TITLE DVS DELETE 3.1 TITLE 3.2 NAME ADDRESS 4574 BERISFORD BLVD. 3.3 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 3.4. CITY-ST-ZIP TITLE D DELETE 4.1 TITLE CITY-ST-ZIP TARPON SPRINGS FL 4.2 NAME ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS CITY-ST-ZIP 5.5 CI |   |   |                                      |                  | I                                |  |                 |               |  |
| NAME   |   |   | DELETE                               |                  |                                  |  | Change          | Addition      |  |
| STREET ADDRESS   4574 BERISFORD BLVD.   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   | NAME  |   |                                      | 3.2 NAME         |                                  |  |                 |               |  |
| CITY-ST-ZIP PALM HARBOR FL  3.4. CITY-ST-ZIP  TITLE D SCHUTZ, ANDREA STREET ADDRESS 3330 WEDGEWOOD WAY TARPON SPRINGS FL  TITLE DELETE S1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP   | 1   |   |                                      | 3.3 STRÉET A     | DORESS                           |  |                 |               |  |
| TITLE D DELETE 4.1 TITLE   |   | _   |                                      |                  |                                  |  |                 |               |  |
| NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S2 NAME S1 STREET ADDRESS CITY-ST-ZIP TITLE S1 STREET ADDRESS CITY-ST-ZIP TITLE S2 NAME S4 CITY-ST-ZIP TITLE S1 STREET ADDRESS CITY-ST-ZIP TITLE S1 DELETE S4 CITY-ST-ZIP S1 STREET ADDRESS   |   |   | DELETE                               |                  |                                  |  | Change          | Addition      |  |
| STREET ADDRESS CITY-ST-ZIP TITLE TITLE DELETE S1 TITLE S2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S5 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S6 NAME S6 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S6 NAME STREET ADDRESS G1TY-ST-ZIP TITLE AMME STREET ADDRESS G1TY-ST-ZIP   |   | •   |                                      | 4. 2 NAME        |                                  |  | -               |               |  |
| CITY-ST-ZIP  |   |   |                                      | •                | DORESS                           |  |                 | 1             |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         TITLE         DELETE         6.1 TITLE         Change         Addition         Addition         NAME         Change         Addition         Addition         STREET ADDRESS         6.3 STREET ADDRESS         6.3 STREET ADDRESS         GUTY-ST-ZIP         6.4 CUTY-ST-ZIP         6.4 CUTY-ST-ZIP         6.4 CUTY-ST-ZIP         CUTY-ST-Z   |   |   |                                      |                  | I                                |  |                 | ľ             |  |
| NAME   |   | wit withing to                                      | DELETE                               |                  |                                  | <del> </del>   | Change          | Addition      |  |
| STREET ADDRESS   |   |   | _                                    |                  |                                  |  | -               |               |  |
| CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP  |   |   |                                      |                  | DBESS                            |  |                 |               |  |
| TITLE         DELETE         6.1 TITLE         Change         ] Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP   | 1   |   |                                      |                  |                                  |  |                 | ,             |  |
| NAME  62 NAME  STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  |   |   | DELETE                               | _                |                                  |  | Change          | Addition      |  |
| STREET ADDRESS  CITY-ST-ZIP  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP   |   |   |                                      |                  |                                  |  |                 |               |  |
| CITY-ST-ZIP 64 CITY-ST-ZIP   |   |   |                                      |                  | UDBEGG                           |  |                 | l             |  |
| 6HT-5H-2IF 1   |   |   |                                      |                  | i                                |  |                 | l             |  |
|  | 14 hereby   | certify that the information supplied w             | ith this filing does not qualify for |                  |                                  | in Section 119.07(3)(i). Florida Statutes, I further o | ertify that the | e 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 attact ment with an address.