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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P92000006499 (7)

DOCUMENT # 1. Corporation Name

TEISC	CH & ASSOCIATES, INC.								
Pencipal Place	of Business	Mailing Address				T (BURNO) IN THIS DESIGNATION	III gu ili g prai	/0110 01111 (91010 JULIU 1911 1381
4310 SHERI	idan st	4310 SHERIDAN	4310 SHERIDAN STREET						
STE. #200		#200							
HOLLYWOO US	DD FL 33021		HOLLYWOOD FL 32021 US			3. Date Incorporated or Qualified	3a. Date	of Last F	Report
03		03				11/20/1992	1	05/01/1	1995
2. Principa' Place of Business		2a. Mailing Address			4. FEI Number Applied For				
21		26				65-0370924			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired	5 Additional			
[22]		27				<u> </u>			Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
Zip Country		Zip Coun				This corporation has liability for intangible tax under s 199.032,			
241	25	29	30			· · · · · · · · · · · · · · · · · · ·	∏ No	A direct L	, ,,,,,,,
. 	9. Name and Address of Curr			[10. Name and Address of New R	egistered	Agent	
				81	Name				
LANE,	PAUL J			82	Street Addr	ress (P.O. Box Number is Not Acceptab	ole)		
	IW 33RD AVE								
FT LAI	JDERDALE FL 33309			83					ļ
				84	City			85 2	Zip Code
					<u></u>		FL	$\bot \bot$	
or registere	o the provisions of Sections 607,05 ad agent, or both, in the State of FI Li, and accept the obligations of, Se	lorida. Such change was aut	horized by the r	corp	oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	ointment as	registere	ed agent. I am
SIGNATURE									
	Styrature, typed or printed name of registered as	· · · · · · · · · · · · · · · · · · ·		Ager	it signatura require	d when reinstating)	DATE	DIDEAT	TODO IN 46
12.	OFFICERS A	AND D:RECTORS	13.	TI E		ADDITIONS/CHANGES TO OFF		Change	
111	TEISCH, EVAN		1. 1 V				L		
NAMI CONTRACTORES	4310 SHERIDAN STREET	7			ADDRESS				
STREET ADDRESS	HOLLYWOOD FL	•			ST-ZIP				
City-S1-ZiC Tille		DELETE			,1-21			Change	e [] Addition
KAME		_	22 N	AME					
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CHY-ST-ZIP					ST - ZIP				. Fil same
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NAMI			42 N						
STREET ADDRESS					I ADDRESS				
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STREET ADDRESS					ST-ZIP				
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NAME				IAME					-
STHEE! ADDRESS					T ADDRESS				
CDY ST-ZIP					ST-ZIP				
1 80 0 80 80	I								

14. Ido 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 certify that I am an officer or director of the conjournment of the receiver or pustue empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or name and accurate and that my name appears in Block 12 or Block 12 or name and accurate and that my name appears in Block 12 or Block 12 or name and accurate and that my name appears in Block 12 or Block 12 or name and accurate and that my name appears in Block 12 or Block 12 or name and accurate and that my name appears in Block 12 or Block 12 or name and accurate and that my name appears in Block 12 or Block 12 or Block 12 or name and accurate and that my name are accurate and that my name accurate accurate and that my name accurate accurate and that my name a

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