

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000005389 (0)**  
1. Corporation Name  
**TEDRAD, INC.**

Principal Place of Business  
**2591 N ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744  
US**

Mailing Address  
**6595 CARDEN DRIVE  
ORLANDO FL 32818**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2004 MICHIGAN AVE</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b>		3. Date Incorporated or Qualified <b>01/19/1993</b>		3a. Date of Last Report <b>06/27/1996</b>	
23 City & State <b>24</b>		28 City & State <b>29</b>		4. FEI Number <b>59-3163309</b>		Applied For <input type="checkbox"/> Not Applicable	
25 Zip <b>26</b>		29 Zip <b>30</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent <b>DUCHANO, THOMAS E 6595 CARDEN DRIVE ORLANDO FL 32818</b>				10. Name and Address of New Registered Agent			

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUCHANO, THOMAS E</b>	1.2 NAME	
STREET ADDRESS	<b>6595 CARDEN DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUCHANO, RUBIE A</b>	2.2 NAME	
STREET ADDRESS	<b>6595 CARDEN DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 **THOMAS E. DUCHANO** 9/13/97 147-047-5232

CR2E034 (4/97)