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 #

1. Corporation Name

P93000005389 (0)

TEDRAD, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					[129(129) (15 19)00 (1)() 00() 00() 00()	18411 E3181 A1188 ISISI E815A 1851 ISBI		
2004 MICHIGAN AYE 6596 CARDEN DRIVE								
Kissimmee i Us	FL 34744	ORLANDO F	ORLANDO FL 32818			DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualified		
						01/19/1993		
2. Principal P	lace of Business	2a. Mailing Ad	dress			4. FEI Number	Applied For	
21		26				59-3163309	Not Applicable	
Suite, Apt.	#, e 1c.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27	City & State				Fee Required	
City & State	9	} y	h h			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid t		
24	25	29	30			Personal Property Tax due June 30.	April	
	9. Name and Address of Currer					10. Name and Address of New Regis	tered Agent	
DL	ICHANO, THOMAS E			81	Name			
	95 CARDEN DRIVE				Street Add	reet Address (P.O. Box Number is Not Acceptable)		
	RLANDO FL 32818							
				84	City		FL 85 Zip Code	
44 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes								
SIGNATURE Signature, typed or prefer have of registered agent and title (Lappicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.		D DIRECTORS	(NOTE HE	13.	in signature red	ADDITIONS/CHANGES TO OFFICER		
TITLE	D		DELETE	1.1 TITLE			Change Addition	
NAME	DUCHANO, THOMAS E			1.2 NAME				
STREET ADDRESS	6595 CARDEN DRIVE			1.3 STREET	ADDRESS	•		
CITY-ST-ZiP	ORLANDO FL 32818			1.4 CITY - S	1 - Z(P			
TITLE	D		DELETE	2.1 TITLE			Change	
NAME	DUCHANO, RUBIE A			22 NAME				
STREET ADDRESS	6595 CARDEN DRIVE			2 3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32818			2. 4 CiTY-5	37 - ZIP			
TITLE			DELETE	3.1 TITLE			Change Addition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET				
CITY+ST-ZIP TITLE			DELETE	3.4. CITY-3 4.1 TITLE	SI-ZIP	, , , , , , , , , , , , , , , , , , ,	Change Addition	
NAME		ا	DECETE	4.1 HILE 4.2 NAME			change (chanton	
STREET ADDRESS				4.2 TORME	ADDRESS			
CITY+ST-ZIP				4.3 STREET	I .			
TITLE			DELETE	5.1 TITLE			Change Addition	
NAME		_		5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS		j	
CITY-ST-ZIP				5.4 CITY - S				
TITLE			DELETE	6.1 TITLE			Change Addition	
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - S	T - ZIP			
	and the that the information complied v	with this filing does r	ot qualify for the	he evemo	tion stated	in Section 119.07(3)(i). Florida Statutes, I fur	ther certify that the information	

Interest certify that the information supplies with this limit does not qualify for the exemption stated in section 119.07(3)(), Florida Statutes, I further certify that the information indicated on this annual report or supplies with annual report is true and accurate and that my signature shall have the same legal effect as if made under oade under