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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000012806 (4)

O O O 111		•		_	_	_	_
Corporation Name	9						

DOCUMENT # TECHTEAM, INC. Mailing Address Principal Place of Business 3469 W. BOYNTON BEACH BLVD. 11211 S. MILITARY TRAIL #18 #3514



#3514 BOYNTON BEACH FL 33436		#18 Boynton Beach Fl US	33436		3. Date Incorporated or Qualified 03/04/1993	3a. Date of Last Report 04/21/1995	
Principal Place of Bu Suite, Apt. #, etc.	siness	2a. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number 65-0391313 5. Certificate of Status Desired	F1 **	Applied For Not Applicable 8.75 Additional Fee Required
22 City & State 23 Zip	Country	27 City & State 28 Zip	Country		Election Campaign Financing Trust Fund Contribution This corporation has liability for Elorida Statutes		5.00 May Be Added to Fees der s 199.032,
	25 ame and Address of Cui	29]30]		10. Name and Address of New R		t
PERDOMO, OF 2922 SHERIDA MIAMI BEACH	RLANDO J IN AVE FL 33140		81 82 83 84	Street Ad	oldress (P.O. Box Number is Not Acceptate	FL 8	ļ ·

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.

GNATURE	arine, typica or printed name of registered againt and titi	r it aquiscable (N	OTE: Registered Agent signature required wh	hen renstatiog? DATE
	OF FICERS AND DIF		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.	PSTD	☐ DELETE	1, 1 TITLE	Change [7,550.55
	PERDOMO, ORLANDO J		1.2 NAME	
I .	2922 SHERIDAN AVE		1.3 STREET ADDRESS	
ļ	MIAMI BEACH FL		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
	MIAMI DEACTIVE	DELETE	2 1 TITLE	Change Addition
LF			22 NAME	
WE			2 3 STREET ADDRESS	
REFT ADDRESS			2 4 CITY - ST - ZIP	Change Additio
IY-SI-ZIP		DELETE	3 1 TITLE	Change Additio
Lf			3.2 NAME	
AME .			3.3 STREET ADDRESS	
REEL ADDRESS			3.4 CITY - ST - ZIP	S o S Addition
TY \$1-7IP		DELETE	4.1 TIFLE	Change Addition
TLE .			4 2 NAME	
Mi			4.3 STREET ADDRESS	
IRFET ADDRESS			4 4 City - St - ZiP	- 1200
ITY - S1 - ZIF		DELETE	5 1 TITLE	Change Addition
TLF		G service	5.2 NAME	
AME I			53 STREET ADDRESS	
TREET ADDRESS			5.4 CITY - \$1 - ZIP	
ITY - ST - ZIP		T DELETE	6 1 Title	Change Addit
1LF		Doctor	62 NAME	
AME			6.3 STREET ADDRESS	
TREET ADDRESS				·
DITY-SI-ZIP			64 CITY - ST - ZIP	or the exemption stated in Section 119.07(3)(k), Florida Statutes, I further

14. I do 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 cath; 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 changes for on an attachment with an address.

SIGNATURE:

(President)

Daytime Prione #