

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**1. Corporation Name**

**F L TECHNICAL SERVICE, INC.**

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified <b>02/23/1993</b>		3a. Date of Last Report <b>05/01/1995</b>	
375 COMMERCE WAY 105 LONGWOOD FL 32750 US		375 COMMERCE 105 LONGWOOD FL 32750 US		4. FEI Number <b>59-2688660</b>		Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22 City & State		27 City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23 Zip Country		28 Zip Country					
24 25		29 30					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CONIGLIO, CURT</b> <b>375 COMMERCE WAY</b> <b>UNIT 105</b> <b>LONGWOOD FL 32750</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			
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 _____ (Signature, typed or printed name, of registered agent and, if not applicable, _____) (NOTE: Registered Agent signature required when reinstating) DATE _____							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE _____ NAME <b>D CONIGLIO, CURT</b> <input type="checkbox"/> DELETE STREET ADDRESS <b>375 COMMERCE WAY</b> CITY-ST-ZIP <b>LONGWOOD FL</b>				1.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____			
TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				2.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____			
TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				3.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____			
TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				4.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____			
TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				5.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____			
TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				6.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY-ST-ZIP _____			

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/90

(407)  
834-1221

CR2E034 (12/05)