## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000037508 (7)

TECHNICAL PROFESSIONAL RESOURCES, INC.

Principal Prace of Business Mailing Address						ANT <b>Garde</b> arnir i <b>rdo</b> l <b>e</b>	JULI <b>edini</b> ini ing
12092 SUGAR PINE TRAIL WEST PALM BEACH FL 33414		12092 SUGAR PINE TRAIL WEST PALM BEACH FL 39414-5640					
					3. Date Incorporated or Qualified 05/21/1993	3a. Date of 03/20/1	•
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0415206		Not Applicable
Suite, Apt. 22	**************************************	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 1 "	3.75 Additional Fee Required
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ <b>24</b>	Country 25	Zip 29	Country 30		This corporation has liability for Florida Statutes	r intangible tax u	
	g. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	ξ
	BER, JOSEPH		81	Name			
12092 SUGAR PINE TRAIL WEST PALM BEACH FL 33414			62	Street Add	dress (P.O. Box Number is Not Accepta	ıble)	
			83			<i>,</i>	
			64	City		FL 85	Zip Code
office or re	to the provisions of Sections 607 0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	if Florida. Such change was a	authorized by	the corpora	poration submits this statement for the ation's board of directors. I hereby according	purpose of chan ept the appointm	iging its registered ent as registered
SIGNATURE	•:	· · · · · · · · · · · · · · · · · · ·				······	
12.	Signature, typod or portion name of registered agent  OFFICERS AND		E: Registered Age	nt signature requ	ired when reinstating)	DATE	E07000 IN 10
1/1LF	BA .		1.5 TOTLE		ADDITIONS/CHANGES TO OFF		change Addition
NAME	HUBER, JOSEPH		1.2 NAME			-	
STREET ADDRESS	12092 SUGAR PINE TR		1.3 STREET	ADDRESS			
City-St-zie	WEST PALM BEACH FL		1.4 City - St - ZiP				
TITLE	V	DELETE	21 TITLE		1112	C	hange Addition
NAME	HUBER, AARON		2 2 NAME				
STREET ADDRESS	12092 SUGAR PINE TR		2.3 STREET				
CITY-ST-Zif	W PALM BEACH FL	DELETE	2.4 CITY-5	ST - ZIP			Second District
TITLE NAME	HUBER, CINDA	ET DEFEIS	3.1 TITLE 3.2 NAME			L] \	hange
STREET ADORESS	12092 SUGAR PINE TR		3.3 STREET ADDRESS				
CITY-ST-ZIF	W PALM BEACH FL		3.4. CITY - 9				
TITLE	TENTON TO THE PORT OF THE STATE	DELETE	4.1 TITLE	<del></del>		□ c	hange Addition
NAME	4.21		4. 2 NAME				
STREET ADORESS	433		4.3 STREET	ADDRESS			
CITY-S1-ZIP			4.4 CITY - S	T-ZIP			···
TITLE		DELETE	5.1 TITLE				hange Addition
NAME			5.2 NAME				
STHEET ADDRESS			5.3 STREET				
CITY - ST- ZIP TITLE	······································	☐ DELETE	5.4 CITY - \$	T - ZIP		T15	hange Addition
NAME		L. Detter	6.1 TITLE			c	попув 🛄 Аооллоп
			6.2 NAME	ADDRESS			
STREET ADDRESS			6.3 STREFT	AUUHESS			

SIGNATURE:

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.

**FILED** 

Mar 07 1997 8:00am

Secretary of State