


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

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May 05 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000066525 (5)</b> 1. Corporation Name <b>T.E.M. ASSOCIATES INC.</b>					
Principal Place of Business <del>8370 NW 38 PLACE</del> <del>SUNRISE FL 33351</del> US			Mailing Address <del>8370 NW 38 PLACE</del> <del>SUNRISE FL 33351</del> US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>244 S.W. PAGODA TERR</b> Suite, Apt. #, etc. 22 City & State 23 <b>PORT ST. LUCIE FL</b> Zip 24 <b>34984</b> Country 25 <b>ST. LUCIE</b>		2a. Mailing Address 26 <b>244 S.W. PAGODA TERR</b> Suite, Apt. #, etc. 27 City & State 28 <b>PORT ST. LUCIE FL</b> Zip 29 <b>34984</b> Country 30 <b>ST. LUCIE</b>		3. Date Incorporated or Qualified <b>09/22/1993</b> 4. FEI Number <b>65-0438052</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MORAN, MICHAEL C</b> <del>8370 NW 38 PLACE</del> <del>SUNRISE FL 33351</del>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>244 S.W. PAGODA TERR</b> 83 84 City <b>PORT ST. LUCIE</b> <b>FL</b> 85 Zip Code <b>34984</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 Signature: Typed or printed name of registered agent and filed if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

*Michael C. Moran*

4-22-98

561-343-8786

CR2E034 (10/97)