SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000085456 (0)**

1. Corporation Name

TECHNICAL KNOCKOUT, INC.

Principal Place of Business	Mailing Address
18249 CLEAR BROOK CIR BOCA RATON FL 33498 US	P.O. BOX 0035 ELLICOTT STATION BUFFALO NY 14205 US

2. Principal Place of Business	2a. Mailing Address
21 10018 Spanish Isles Blvd.	26
Suite, Apt. #, etc 22 Bay # A15	Suite, Apt. #, etc 27
City & State 23 Boca Raton, Florida	City & State 28
Zip 24 33498	Zip 29
Country 25 USA	Country 30

3. Date Incorporated or Qualified 12/10/1993	3a. Date of Last Report 06/29/1995
4. FEI Number 65-0454234	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

GUMSON, RICHARD P
6390 INDIANTOWN RD
JUPITER FL 33458

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of individual, and capacity or relationship to the applicable entity (NOTE: The Registered Agent signature is required when changing this information.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	President	☒ Change ☐ Addition
NAME	CARLIN, MITCHELL S		12 NAME	Carlin, Mitchell S.	
STREET ADDRESS	18249 CLEARBROOK CIR		13 STREET ADDRESS	18249 Clearbrook Circle	
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE		☐ DELETE	21 TITLE	C.E.O.	☐ Change ☒ Addition
NAME			22 NAME	Kurtz, Garry W.	
STREET ADDRESS			23 STREET ADDRESS	62 Glenashton Dr.	
CITY-ST-ZIP			24 CITY-ST-ZIP	Stoney Creek, Ont. CANADA L8G 4E9	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ G. Kurtz June 20 1996 905 544 4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EN