**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P94000022054

1. Corporation Name

TECHNISOURCE OF FLORIDA, INC.

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90031 003 \*\*\*158.75

ر ب <u>ب</u>					
Principal Place	of Business	Mailing Address			
1901 W CYPRESS CREEK RD 1901 W CYPRESS CREEK		1901 W CYPRESS CREEK RD		-	
SUITE 401 SUITE 401 ET LAUDERDALE FL 33309 FT LAUDERDALE FL 33309			DO NOT WRITE IN TH	IS SPACE	
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309				3. Date Incorporated or Qualifed 03/18/1994	
2 Principal Place of Business 2a. Mailing Address			<del> </del>	4. FEI Number	Applied For
Ti i i i i i i i i i i i i i i i i i i		<b>⊢</b> '		65-0476797 V	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27 SUITE 202	·	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year     Personal Property Tax.	Yes XNo
24	9. Name and Address of Current	Registered Agent	<u> </u>	10. Name and Address of New Registere	
	5. Name and Address of Current	regional rigani	81 Name	WIE E (Je )TO()	
COLLARD, JOSEPH W			82 Street Add	IXIE F - NEWTON  Iress (P.O. Box Number is Not Acceptable)	
1901 W CYPRESS CREEK RD			110	LW. CYPRESS CARK AD	•
SUITE 401			83	155 202	,
FT LAUDERDALE FL 33309			84 City		85 Zip Code
1 / / / / / / / / / / / / / / / / / / /			FI	LANDBROAGE	L 33309
11. Pursuant to the profisions of Settions 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 bord, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment its registered agent. I am familiar with, and accept the obligations of Section 907.0505, Florida Statutes.					
agent. I am familiar with, and accept the obligations of Seytion 907.0505, Florida Statutes.					
SIGNATURE ( )					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1,1 TITLE		Change Addition
NAME	COLLARD, JOSEPH W		1.2 NAME		
STREET ADDRESS	ARANI OVERPRO OPERI PO CHITT 494 3 - 4		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP .		Change Addition
TITLE	D	☐ DELETE	2.1 TITLE		Citation Committee
NAME	ROBERTSON, JAMES F		2.2 NAME		
STREET ADDRESS	1901 W CYPRESS CREEK RD	SUITE 401 202	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33309	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ perese	3.1 TITLE 3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS	SEE ATTACHED		3.4 CITY-ST-ZIP		
CITY-ST-ZIP	711 111-11 000	☐ DELETE	4.1 TITLE		Change Addition
NAME		<del></del>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		JAN FELLON
CITY-ST-ZIP			5,4 CITY-ST-ZIP		Change Addition
TITLE ·		☐ DELETE	8.1 TITLE	<del></del>	Commission of the second
NAME			6.2 NAME		
STREET ADDRESS		•	6.3 STREET ADDRESS		
CITY-ST-ZIP	1 4 ME 1		6.4 CITY-ST-ZIP	n Section 119 07(3)(i) Florida Statutes, I further	certify that the information

14. I 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 attackment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR