

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000052715**
1. Corporation Name
Technology Control Services, Inc.

FILED

98 JUL -2 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**200 E. Broward Blvd.
#1200
Ft. Lauderdale, FL
33301**

Mailing Address
**200 E. Broward Blvd.
#1200
Ft. Lauderdale, FL
33301**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		7-15-94	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0525654	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Michael E. Neukamm
82 Street Address (P.O. Box Number is Not Acceptable)	201 E. Pine St.
83 Suite	Suite 1200
84 City	Orlando
85 Zip Code	FL 32801

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 **Michael E. Neukamm** **Michael E. Neukamm** **6/29/98**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Butler, David
STREET ADDRESS		1.3 STREET ADDRESS	14560 NE 3RD ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33161
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Thomas, Marc
STREET ADDRESS		2.3 STREET ADDRESS	205 S. Gordon
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	President, Director CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Nelson, Terry
STREET ADDRESS		3.3 STREET ADDRESS	200 E. Broward Blvd #1200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Rollins, Harlan
STREET ADDRESS		4.3 STREET ADDRESS	1561 NW 101 Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Plantation, FL 33322
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Bialer, Harry
STREET ADDRESS		5.3 STREET ADDRESS	647 NE 16th Terr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address.

CR2E034 (10/97)

TS 7/2 two pages **98 AR**



Mr. Sean Toner
Senior Section Administrator
Florida Department of State
Division of Corporations
• Annual Reports Section
• P.O. Box 6327
• Tallahassee, Florida 32314

June 23, 1998

SUBJECT: TECHNOLOGY CONTROL SERVICES, INC.
Ref. Number: P94000052715

Dear Mr. Toner:

This letter is in reference to Letter Number 198A00033423. The requested changes have all been made to the report, including the designation of the registered agent and the signing of the report by a listed officer or director.

Further, I have enclosed a check for \$150.00. TCS did not receive the first notice annual report, and based on this fact, I understand from your above referenced letter that the Florida Department of State will accept the \$150.00 (without any late fee).

Thank you for your assistance. If you have any questions, please do not hesitate to contact me at (954) 712-0507.

Best regards,

A handwritten signature in cursive script, appearing to read "Nader Mousavi".

Nader Mousavi
Director of Legal Affairs