


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90220 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000052715

1. Corporation Name
TECHNOLOGY CONTROL SERVICES, INC.

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 21 200 N. Andrews Ave		2a. Mailing Address 26 200 N. Andrews Ave		3. Date Incorporated or Qualified 07/15/1994	
Suite, Apt. #, etc. 22 3rd Floor		Suite, Apt. #, etc. 27 3rd Floor		4. FEI Number 65-0525654	
City & State 23 Ft. Lauderdale FL		City & State 28 Ft. Lauderdale, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33301		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33301		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent NEUKAMM, MICHAEL E 201 E. PINE ST. STE. 1200 ORLANDO FL 32801				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUTLER, DAVID		1.2 NAME Nader Mousavi	
STREET ADDRESS 14560 NE 3RD CT		1.3 STREET ADDRESS 408 Seven Isles Drive	
CITY-ST-ZIP N MIAMI FL 33161		1.4 CITY-ST-ZIP Fort Lauderdale, FL 33301	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME THOMAS, MARC		2.2 NAME Harley Rollins	
STREET ADDRESS 205 S. GORDON RD.		2.3 STREET ADDRESS 1561 NW 101 Way	
CITY-ST-ZIP FT. LAUDERDALE FL 33301		2.4 CITY-ST-ZIP Plantation FL 33322	
TITLE PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELSON, JERRY		3.2 NAME Jerry Nelson	
STREET ADDRESS 200 E. BROWARD BLVD. #1200		3.3 STREET ADDRESS 8711 Pinnacle Peak Road	
CITY-ST-ZIP FT. LAUDERDALE FL 33301		3.4 CITY-ST-ZIP Scottsdale, AZ 85255	
TITLE CEO	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NELSON, JERRY		4.2 NAME Ben Holzemer	
STREET ADDRESS 200 E. BROWARD BLVD. #1200		4.3 STREET ADDRESS 408 Seven Isles Drive	
CITY-ST-ZIP FT. LAUDERDALE FL 33301		4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301	
TITLE S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Harley Rollins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROLLINS, HARLEY		5.2 NAME Harley Rollins	
STREET ADDRESS 1561 NW 101 WAY		5.3 STREET ADDRESS 1561 NW 101 Way	
CITY-ST-ZIP PLANTATION FL 33322		5.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIALEY, LARRY		6.2 NAME	
STREET ADDRESS 647 NE 16TH TERR		6.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33304		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, with all other like empowered.

SIGNATURE:

Harley Rollins
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

954-712-0502

Daytime Phone #

CR2E034 (11/98)

0314157