

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1998. AMOUNT DUE ON OR BEFORE 8/8/98: \$225 (IF DISSOLVED, GREATER AMOUNT DUE TO PENALTIES: \$675)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:54

DOCUMENT # P94000057385 (4)

1. Corporation Name
TECHNOQUIP CORPORATION

Principal Place of Business Mailing Address
1508 B SOUTH BAY VILLA PLACE TAMPA FL 33629 **1508 B SOUTH BAY VILLA PLACE TAMPA FL 33629**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/01/1984

4. FEI Number Applied For
59-3260962 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. 193.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**McFARLAND, JOSEPH B
3825 HENDERSON BLVD.
SUITE 200
TAMPA FL 33629**

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: *George J. Papas* **GEORGE J. PAPAS, PRES.** (DATE)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HUTCHINSON, PAUL K
STREET ADDRESS	1508B SOUTH BAY VILLA PLACE
CITY ST ZIP	TAMPA FL 33629
TITLE	DST
NAME	PAPAS, GEORGE J.
STREET ADDRESS	800 SILVERADO AVE., STE. 312
CITY ST ZIP	LA JOLLA CA 92037
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	PRES/SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAPAS, GERGE J.	
1.3 STREET ADDRESS	1508 B. S. BAY VILLA PL.	
1.4 CITY ST ZIP	TAMPA FL 33629	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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)(b), 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 checked, or on an attachment with an address.

SIGNATURE: *George J. Papas* **PRES/SEC** **JUNE 21 513-253-2387**

CR2E034 (3/95)