

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 09 1997 8:00am  
Secretary of State

DOCUMENT # P94000058088 (3)

1. Corporation Name

TECHNOLOGY EXPRESS ADVANCED MANUFACTURING, INC.



Principal Place of Business

Mailing Address

325 S. GARDEN AVE.  
CLEARWATER FL 34616

325 S. GARDEN AVE.  
CLEARWATER FL 34616-5423

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

03/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIELDS, HARRY L  
325 S. GARDEN AVE.  
CLEARWATER FL 34616

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 P  
NAME SHIELDS, HARRY L  
STREET ADDRESS 325 S. GARDEN AVE.  
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP  
NAME SHIELDS, LARRY R  
STREET ADDRESS #7 CIRCLE DT.  
CITY-ST-ZIP MT. VERNON IL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DT  
NAME SHIELDS, DORIS  
STREET ADDRESS 7 CIRCLE DR.  
CITY-ST-ZIP MT. VERNON IL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DS  
NAME SHIELDS, SHERRY  
STREET ADDRESS 325 S. GARDEN AVE.  
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME LAWSON, RANDY  
STREET ADDRESS 325 S. GARDEN AVE.  
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME HAERER, JANIS  
STREET ADDRESS 325 S. GARDEN AVE.  
CITY-ST-ZIP CLEARWATER FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.06(1), 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.

SIGNATURE: Sherry Shields SHERRY SHIELDS

4/30/97 813 447-2466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)