FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

STORATION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1. Corporation Nar	ENT # P95000 TEMS TECHNOLOGY, II									
Principal Place of B	lusiness	 V	lailing Address							İ
7381 - 114TH AVENUE N. SUITE 403-A LARGO FL 34643			7381 - 114TH AVENUE N. SUITE 403-A LARGO FL 34643							
						 Date Incorporated or Qualified 04/26/1995 	3a. Date	of Last F	Report	
2. Principal Place of	of Business	28	. Mailing Address			4. FEI Number			Applied For	
1 1511 Gulf	Blvd.	26		l.,	 	59-3313353			Not Applicab	ole
Suite, Apt. #, etc	C.		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional	
2 Suite 5	***************************************	27						· · · · · · · · · · · · · · · · · · ·	Required	
City & State 3 Indian Rocks Beach, FL		28	City & State 8 Indian Rocks Beach, FL			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
3 Indian Ro	Country	426]	Zip	Count		This corporation has liability for	intangible ta			
34635	25	29		30	•		interigioio ta	. urloor s	7 130.002,	
	Name and Address of Curren	t Regi	stered Agent	8		10. Name and Address of New F	Registered A	gent		
7381 - 1147 SUITE 403-/ LARGO FL	34643			8	2 Street Add 1511 Gu 3 Suite 5 4 City Indian	Rocks Beach	FL	3	ip Code 4635	
or registered a familiar with, a SIGNATURE	igent, or both, in the State of Flori nd accept the obligations of, Sect state, byed or printed name of registered agent OFFICERS AN	da. Suc tion 607 tand tital	ch change was authorize 7.0505, Florida Stalutes if applicable (NO	ed by the Or	poration's boa		Ointment as i	egistered	d agent. I am	
12.	OFFICENS AN	() () ()	DELETE	1.11		ADDITIONS/CHANGES TO OFF		Change		CR2E034 (12/95)
	KAVANAGH, ANTHONY R		_	1.2 N./S			L	, onongo		, 4
	15 EVONAIRE CIRCLE			1.3 \$	ET ADDRESS					[
CITY-ST-ZIP	Belleair FL 34616			1.4 [S1 - ZIP					3
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NAME				22						
STREET ADDRESS					1 ADDRESS					
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CITY-ST-ZIP			Pag per exe		ST - 21 ^{ct}					
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NAME				5.2 NJE	i					
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i i			<u></u>	62 NE			L.	onango	L) VOORIOII	<u> </u>
NAME STREET ADDRESS					T ADDRESS					
CITY_ST. 7iP				6.4 G	\$1-ZIP					}
14. I do hereby c	ertify that the information supplied	With th	nis filing is voluntarily fun			or the exemption stated in Section 119.	07(3)(k), Flori	da Statu	tes. I further	\neg
certify that the oath; that I ar appears in Bl	e information indicated on this afir m an officer or director of the corp ock 12 or Block 13 if charged, or	oration oration on an	oort or supplemental and or the receiver or truste attachment with an add	iuai report tr se enipowel fress.	to execute this	or the exemption stated in Section 119, ite and that my signature shall have the s report as required by Chapter 607, Fig.	same legal e orida Statute:	rect as it i; and the	t made under at my name	

Daytinie Phone #