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

PROFIT CORPORATION ANNUAL REPORT

1996

1201 SEAFARER CIRCLE #403



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000043917 (0)

Maling Address

PO BOX 14132

1. Corporation Name

Principal Place of Business

BTB TECHNICAL SERVICES, INC.

JUPITER	FL 33477	NORTH PA	NORTH PALM BEACH FL 33408						
				3. Date incorporated or Qualified 06/07/1995	3a. Date	of Las	t Report		
2. Principal F	Place of Business	2a. Maling Add	2a. Maling Address			4. FEI Number Applied For 65-0585611 Not Applicable			
Suite, Apt	t. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	V	\$8.75 Additional Fee Required	
City & Sta	ate	Oity & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Z ip	Country 25	7(p)	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Yes			
24 25 29 30 30 30 30 30 30 30 3				Τ.		10. Name and Address of New Registered Agent			
		=		81	Name				
THACKER, P 1201 SEAFARER CIRCLE #403				82	82 Street Address (P.O. Box Number is Not Acceptable)				
JUPITER FL 33477				83					
				84	City		FL	85	Zip Code
0.5.500.01	nt to the provisions of Sections 607. tered agent, or both, in the State of with, and accept the obligations of,	Fiorida, Such Change Wa	is additionated by the	l nove e corr	named corpor noration's boa	ation submits this statement for the purid of directors. I hereby accept the app	irpose of ch pointment a	ianging s regist	its registered officered agent. I am
SIGNATURE	Signature Typed or printed name of registers t	agentane libe tappinatés	MOTE BUSSES	eri Ajr	ed sugnature require		DATÉ		
OF LICEDS AND DIRECTORS				1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				

12. Addition Change P/V/T/S DELETE 1 1 1/1UF TITLE THACKER P. 1201 SEAFARER CIRCLE #403 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS JUPITER, FL 33477 CITY-\$1-ZIP ☐ Change Addition DELETE 2 1 TIFLE TITLE 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS 2.4.0 (TY - ST - ZIF CITY-S1-ZIP Change ☐ Addition DELETE 3 1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4 1 TiTLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIF CITY-ST-ZIP ■ Addition ☐ Change DELETE 5 1 T:TLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY-ST-ZIP CITY - ST - ZIF Change ■ Addition DELETE 6 1 Table TITLE 62 NAME NAME 63 STREFT ADDRESS 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)(k), 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 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 certify 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:

ATTLACKER, PRESIDENT, 4/14/96 (407) 625-9320
INTURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)