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

DOCUMENT # P95000048157 (8)

TECHNICAL RESEARCH GROUP, INC.

Principal Place of Business 8499 S. TAMIAMI TRAIL, STE. 221

SARASOTA FL 34238

Mailing Address

8499 S. TAMIAMI TRAIL. STE. 221 SARASOTA FL 34238-2960

FILED Jan 14 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 3a. Date of Last Report 06/19/1995 03/21/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26			·			65-0596982 Not Applicab
Surie, Apt. #, etc 27		Suite, Apt. #, etc.	¬ '''			5. Certificate of Status Desired
City & Stat	e	City & State			····	6. Election Campaign Financing \$5.00 May Be
23]	Court	28	1 60	untry		Trust Fund Contribution Added to Fees
Zip	Country	<i>Z</i> ip	n	untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
24	25 25 Name and Address of Curre	29 ent Registered Agent	30	Т		10. Name and Address of New Registered Agent
MVC		on trogisto we rigoni		81	Name	10.
MYERS, JOHN H 27 FLETCHER AVE. SARASOTA FL 34237						
				82	Street Add	Idress (P.O. Box Number is Not Acceptable)
SAIN	SAMASUIA FL 3423/					
				84	City	FI 85 Zip Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Starn familiar with, and accept the obli	te of Florida. Such change was	s authorize	ed by	the corpora	orporation submits this statement for the purpose of changing its registere ration's board of directors. I hereby accept the appointment as registered
	Signature typical or purified throw of registered a		OTE: Registere	ed Age	nt signature requ	quired when reinstating) DATE.
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE		ITLE		Change Addition
NAME	ART AGG AGGG ODGOVEDO LAVE BLAD			IAME	-	
STREET ADDRESS		AVE DIAN			ADDRESS	
CITY-SI-7IP	SARASOTA FL 34238	T or ric		IFY - SI	F- ZIP	00
TITLE		DELETE	2.1 ⊺		1	Change Addition
NAME			2.2 N			
STREET ADDRESS			I -		ADDRESS	
CITY-ST-ZIP				CITY-S	11 · ZIP	☐ Change ☐ Addition
TITLE			3.1 T			E Change L Addin
NAME				IAME		
STREET ADDRESS					ADDRESS	
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TITLE		ייין הברניב		TITLE		Change Addition
NAME.				NAME	Inneres	
STREET ADDRESS					ADDRESS	
CITY ST-ZIP		Drich		CITY-S	T - ZIP	Donne District
TITLE		DELETE	51T			Change L. Additi
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DESCRIPTION OF THE PROPERTY OF		CITY-S	T-ZIP	
TITLE		DELETE		TITLE		Li Change Li Additi
NAME			62 N	MAME		
STREET ADDRESS			639	STREET	ADDRESS	
CITY - \$1 - ZIP	†		640	DITY-S	T-ZIP	

14. I do hereby certify that the information supplied with this filling 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 suppliemental 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block /3 if changed, or on an attachment with an address.

SIGNATURE.

SNATURE AND TYPED OR PRINTED NAME

GNING OFFICER OR DIRECTOR

Jan 6-1997

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