

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000058896

1. Corporation Name

Technical Software Design, Inc.

Principal Place of Business

Mailing Address

**2707 W. Fletcher Ave
#16K
Tampa, FL 33618**

**P.O. Box 273962
Tampa, FL 33688**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date incorporated or Qualified

3a. Date of Last Report

7-28-95

4. FEI Number

Applied For

59-3329206

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 intang. b.e. tax under s. 199.03?
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Kristopher E. Fernandez
705 W. Azeele Street
Tampa, Florida 33606**

81 Name

HENNING GLATTER-GOTZ

82 Street Address (P.O. Box Number is Not Acceptable)

2727 W FLETCHER AVE #16K

83

84 City

Tampa

FL

85 Zip Code
33618

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

X HENNING GLATTER-GOTZ President

02/27/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **President**
NAME **Hans-Henning Glatter-Gotz**
STREET ADDRESS **2727 W. Fletcher Ave #16K**
CITY-STATE-ZIP **Tampa FL 33618**

TITLE
NAME
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CITY-STATE-ZIP

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CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

**100001730761
-03/04/96--01055--028
***200.00**

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 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

X HENNING GLATTER-GOTZ

2/27/96

(813)855-6902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)