## 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

DOCUMENT # P95000070321 (1)

TECHNICAL RESOURCE ASSOCIATES, INC.

	HNICAL NESCONCE ASSC					
Principal Place of Business		Mailing Address				A 1184. 11645.
4330 WINNIPEG COURT ORLANDO FL 32835		4330 WINNIPEG COI ORLANDO FL 32835	JRT			
				3. Date Incorporated or Qualified 3a. 09/12/1995	Date of Last Rep	port
2, Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 59-3334417	<b>├</b>	pplied For ot Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & Stat	te	City & Slate		Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Z10	Country 25	Ζφ <b>29</b>	Country 30	This corporation has liability for intang     Florida Statutes	No	199.032,
	9. Name and Address of Cur-	rent Registered Agent		10. Name and Address of New Regist	ered Agent	
			81 Name	B.C. FARTHINS		
B&C	CORPORATE SERVICES OF CI	ENTRAL FL. INC.	82 Street Ad	Idrass (P.O. Box Number is Not Acceptable)		
	NORTH ORANGE AVENUE		Ja Sireel Ac	330 WINN, ORG	CT	
	E 1100		83			
	ANDO FL 32801					Codo
UNLA	411DO FE 32001		B4 City	RLANDO	FL  85 20	2835
44 Dun jant	t to the provisions of Sections 607.05	502 and 607 1508. Florida Statut	on the above named cor	poration cultimite this statement for the nurroose	of changing its re	gistered office
or registe	ored agent, or both, in the State of F.	lorida. Such change was authori:	red by the corporation's D	pard of directors. I hereby accept the appointment	ent as registered a	agent. I am
familiar v	with, and accept the obligations of, S	section 607.0505, Florida Statute	DRE			_
SIGNATURE	B.C. MAR	THING agent and title if applicable (N	OTE: Registered Agent se ature req	wired when seiths than	in. 12, 1	776
		AND DIRECTORS	13.	ADDITIONOLOUMNOCO TO CONTOCO	AND DIDECTOR	RS IN 12
12. Tillef			1 1 TITLE	V.P. LINDAS, FARTHIN 4330 WINNIPAG CT  BALYNDA R 32835	<b>≤</b> ☐ Change	Addition
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14. To 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), Fiorida 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR