

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED
AND
FILED**

97 AUG 15 AM 9:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**PROFIT
CORPORATION
ANNUAL REPORT
1997**

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

DOCUMENT # P95000075223 (4)

1. Corporation Name
TECHNOLOGICAL COMPUTER SERVICES OF FLORIDA, INC.

Principal Place of Business
**438 OSPREY POINT
PONTE VEDRA BEACH FL 32082**

Mailing Address
**438 OSPREY POINT
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/29/1995** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-3343379** Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 **122 NANDINA CIRCLE**
Suite, Apt. #, etc.

2a. Mailing Address
26 **122 NANDINA CIRCLE**
Suite, Apt. #, etc.

22 City & State
23 **PONTE VEDRA BEACH, FL**

27 City & State
28 **PONTE VEDRA BEACH FL**

24 Zip **32082** 25 Country **USA**

29 Zip **32082** 30 Country **USA**

9. Name and Address of Current Registered Agent

**SCIBAL, DAVID
~~438 OSPREY POINT~~
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Allowed) **700002271647-9**
83 **08719797-01089-019**
*****165.00 ***165.00**
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	SCIBAL, DAVID	
STREET ADDRESS	438 OSPREY POINT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCIBAL, DAVID	
1.3 STREET ADDRESS	122 NANDINA CIRCLE	
1.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 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:

(Signature)

CR2E034 (4/97)