


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000085710**
1. Corporation Name
Technology Services International, Inc.

Principal Place of Business 11350-66th St N. Suite 108 Largo, FL 33773	Mailing Address 11350-66th St. N. Suite 108 Largo, FL 33773
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11-7-95 3a. Date of Last Report 1996 4. FEI Number 59-3342130 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent Stephen R. Pohlit 11350-66th St. N., Suite 108 Largo, FL 33773	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS 11.1 TITLE <input type="checkbox"/> DELETE NAME Chief Executive Officer 11.2 STREET ADDRESS Stephen R. Pohlit 11.3 CITY-STATE-ZIP 11233-94th St. N. Largo, FL 33773 11.4 TITLE <input type="checkbox"/> DELETE 11.5 NAME 11.6 STREET ADDRESS 11.7 CITY-STATE-ZIP 11.8 TITLE <input type="checkbox"/> DELETE 11.9 NAME 11.10 STREET ADDRESS 11.11 CITY-STATE-ZIP 11.12 TITLE <input type="checkbox"/> DELETE 11.13 NAME 11.14 STREET ADDRESS 11.15 CITY-STATE-ZIP 11.16 TITLE <input type="checkbox"/> DELETE 11.17 NAME 11.18 STREET ADDRESS 11.19 CITY-STATE-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP 12.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-STATE-ZIP 12.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-STATE-ZIP 12.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-STATE-ZIP 12.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-STATE-ZIP
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14. I 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: **Stephen R. Pohlit** **Stephen R. Pohlit** **52/5-5684**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)