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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097361 (6)

TECHNOLOGY SOLUTIONS & SERVICES, INC.

Principal Place of Business	Mailing Address		T TO BY THE TIME TO THE STATE OF THE ORIGINAL OR THE)
3814 W BARCELONA ST TAMPA FL 33629	3814 W BARCELONA ST TAMPA FL 33629		DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified	
			01/01/1996	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
	26		59-3357624	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country 30	This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation of the corporation owes or has paid the corporation owes. **This corporation owes or has paid the corporation owes or has paid the corporation owes. **This corporation owes or has paid the corporation of the co	urrent year Intangible Yes No
24 25 25 Name and Address of Current R	`	30	10. Name and Address of New Registered	
FERNANDEZ, KRISTOPHER E	<u> </u>	81 Name		
307 S BLVD		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
SUITE D				
TAMPA FL 33606		83		
		84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 at	nd 607 1508 Florida Statute	es the above-named c	properties submits this statement for the purpose.	of changing its registered
office or registered agent, or both, in the State of I agent. I am familiar with, and accept the obligation	Florida, Such change was a	authorized by the corporation Statutes	oration's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE	ris (ii, 350tio 1 007.0000, 110	inga otalates.		
Signature, typod or pointed name of registerial agent or	nd tipe diapplicable (NOTE	: Rcg-stored Agent signature re		
12. OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 : Change
TITLE D	L_ DELETE	1.1 TITLE		Cusude C voncion
NAME MOORE, ROBERT J		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS 3814 W BARCELONA ST CITY-ST-ZIP TAMPA FL 33629		1.4 CITY-S1-ZIP		
TITLE	☐ DELETE	2 1 TOLE		Change Addition
NAME		2 2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY - ST - ZIP		
TITLE	☐ DĒLĒTE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		1
CITY-ST-ZIP	DELETE	3.4. CITY - ST - ZIP 4.1 THILE		Change Addition
NAME	C) Micere	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-\$T-ZIP		4.4 CHTY - ST - ZIP		
TITLE		5.1 TITLE		Change Addition
NAME	DELETE	3.1 1111.		
niciani.	☐ DELETE	5.2 NAME		
STREET ADDRESS	DELETE			
STREET ADDRESS CITY-ST-ZIF		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		,
STREET ADDRESS CITY-ST-ZIP TITLE :	☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIF		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		

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.