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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moffham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000051300 (1) Fl. Active
1. Corporation Name Tm Technologies, Inc

Principal Place of Business 6609 MAUVA LOA
Sarasota, FL. 34241
Mailing Address 6609 MAUVA LOA
Sarasota, FL. 34241

2. Principal Place of Business 21 6609 MAUVA LOA Suite, Apt. #, etc. 22 City & State 23 SARASOTA, FLORIDA Zip 24 34241	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 SARASOTA Zip 29 34241	3. Date Incorporated or Qualified 6-14-1996 3a. Date of Last Report 6-14-1996 4. FEI Number 65-0673800 Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
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9. Name and Address of Current Registered Agent ROBERT F. Meise 6609 MAUVA LOA Sarasota, FL. 34241	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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:  ROBERT MEISE 3/25/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS TITLE: PRESIDENT, Secretary NAME: ROBERT F. Meise STREET ADDRESS: 6609 MAUVA LOA CITY-ST-ZIP: SARASOTA FL. 34241 TITLE: VICE PRESIDENT, TREASURER NAME: KARL Meise STREET ADDRESS: 6609 MAUVA LOA CITY-ST-ZIP: SARASOTA, FL. 34241 TITLE: [] DELETE NAME: [] DELETE STREET ADDRESS: [] DELETE CITY-ST-ZIP: [] DELETE TITLE: [] DELETE NAME: [] DELETE STREET ADDRESS: [] DELETE CITY-ST-ZIP: [] DELETE TITLE: [] DELETE NAME: [] DELETE STREET ADDRESS: [] DELETE CITY-ST-ZIP: [] DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP
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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:  ROBERT F. Meise 3/25/97 (941) 378 3272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)