

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90111 005 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000060261**

1. Corporation Name  
**TCK TECHNOLOGIES, INC.**



Principal Place of Business <b>4360 NORTHLAKE BLVD. SUITE 205 PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>4360 NORTHLAKE BLVD. SUITE 205 PALM BEACH GARDENS FL 33410</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1801 US Highway 1</b>		2a. Mailing Address 26 <b>1801 US Highway 1</b>		3. Date Incorporated or Qualified <b>07/17/1996</b>	
Suite, Apt. #, etc. 22 <b>Suite 2C</b>		Suite, Apt. #, etc. 27 <b>Suite 2C</b>		4. FEI Number <b>59-2639704 65-0678790</b>	
City & State 23 <b>Jupiter</b>		City & State 28 <b>Jupiter</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33477</b>		Zip 29 <b>33477</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MARTIN E. WASHOFSKY, E.A., P.A. 4360 NORTHLAKE BLVD, SUITE 205 PALM BEACH GARDENS FL 33410</b>		10. Name and Address of New Registered Agent 81 Name <b>Theresa TARPINIAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1801 US Highway 1</b> 83 <b>Suite 2C</b> 84 City <b>Jupiter</b> FL 85 Zip Code <b>33477</b>	
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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  4-23-99  
Signature, typed or printed name of registered agent and title if applicable (NO E: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TARPINIAN, THERESA 4360 NORTHLAKE BLVD, SUITE 205 PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD Theresa Tarpinian 1801 US Highway 1 #2C Jupiter FL 33477</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:  4-23-99 (561) 744-2920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)