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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jul 09 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000067269 (6)

TDS TECHNOLOGIES, INC.

| Principal Place of Business Mailing Address                                                                   |                                                    |                                                                     |                           |                    |                                                         | TO CONTINUE THE POLICE BRING BRING BRING BRING BRING BRING BRING THE PROPERTY IN 1904                                           |                |                       |                             |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------|---------------------------|--------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|-----------------------------|
| 18249 S.E. CASSIA LANE 18249 S.E. CASSIA LANE TEQUESTA FL 33469 18249 S.E. CASSIA LANE TEQUESTA FL 33469-1426 |                                                    |                                                                     |                           |                    |                                                         |                                                                                                                                 |                |                       |                             |
|                                                                                                               |                                                    |                                                                     |                           |                    |                                                         | 3. Date Incorporated or Qualified 08/09/1996                                                                                    | <b>3a</b> . Da | te of Last F          |                             |
| <del></del>                                                                                                   | Place of Business                                  | 2a. Mailing Address                                                 |                           |                    |                                                         | 4. FEI Number                                                                                                                   |                | <del></del>           | pplied For                  |
| 21 Suite Ant                                                                                                  | # ato                                              | Suite And # pla                                                     | Suite, Apt. #, etc.       |                    |                                                         | 65-0698155                                                                                                                      |                |                       | ot Applicable               |
| Sulte, Apt.                                                                                                   | #, etc.                                            |                                                                     |                           |                    | 5. Certificate of Status Desired                        | X                                                                                                                               | , -            | Additional<br>equired |                             |
| City & Stat                                                                                                   | 0                                                  | City & State                                                        |                           |                    |                                                         | 6 Firsting Company Figure                                                                                                       | <u> </u>       |                       |                             |
| 23                                                                                                            |                                                    | 28                                                                  |                           |                    | Election Campaign Financing     Trust Fund Contribution | П                                                                                                                               |                | May Be<br>to Fees     |                             |
| Zip                                                                                                           | Country                                            | Zip                                                                 | Country                   |                    |                                                         | 8. This corporation has liability for i                                                                                         | _=             |                       |                             |
| 24                                                                                                            | 25                                                 | 29                                                                  | 30                        |                    |                                                         | 1                                                                                                                               | - " -          | No                    | s. 100.00E,                 |
|                                                                                                               | 9. Name and Address of Currer                      | it Registered Agent                                                 |                           |                    |                                                         | 10. Name and Address of New Re                                                                                                  | gistered A     | gent                  |                             |
| L'AT                                                                                                          | TEUCCI, ROBERT                                     |                                                                     | 81                        |                    | Name                                                    |                                                                                                                                 |                |                       |                             |
| 18249 S.E. CASSIA LANE                                                                                        |                                                    |                                                                     | 82                        | ;                  | Street Addr                                             | ess (P.O. Box Number is Not Acceptab                                                                                            | le)            |                       |                             |
|                                                                                                               | WESTA FL 33469                                     |                                                                     | "                         |                    | Street Address (P.O. Box Number is Not Acceptable)      |                                                                                                                                 |                |                       |                             |
|                                                                                                               | •                                                  |                                                                     | 83                        | ī                  |                                                         |                                                                                                                                 |                |                       |                             |
|                                                                                                               |                                                    |                                                                     | 84                        | ╁                  | City                                                    |                                                                                                                                 |                | es Zin                | Code                        |
|                                                                                                               |                                                    |                                                                     | 67                        | 1                  | City                                                    |                                                                                                                                 | FL             | <b>65</b> Zip         | Code                        |
| office or r                                                                                                   | registered agent, or both, in the State            | of Florida Such change was at                                       | uthorized b               | V I                | the corporat                                            | oration submits this statement for the pion's board of directors. I hereby accep                                                | urpose of      | changing i            | ts registered<br>registered |
| agent. I a                                                                                                    | m familiar with, and accept the obliga             | ations of, Section 607.0505, Flor                                   | rida Statute              | ;S.                |                                                         |                                                                                                                                 |                |                       |                             |
| SIGNATURE                                                                                                     | Signature, typed or printed name of registered age | of and title if applicable (NOTE                                    | Registered An             | eni                | t signature requir                                      | ed when reinstating)                                                                                                            | DATE           |                       |                             |
| 12.                                                                                                           | OFFICERS AN                                        |                                                                     | 13.                       |                    | a signatoro respon                                      | ADDITIONS/CHANGES TO OFFIC                                                                                                      |                | DIRECTOR              | 3S IN 12                    |
| TITLE                                                                                                         | B C/P/8                                            | DELETE                                                              | 1.1 TITLE                 |                    |                                                         |                                                                                                                                 |                | Change                | Addition                    |
| NAME                                                                                                          | MATTEUCCI, ROBERT                                  |                                                                     | 1.2 NAME                  |                    | Ì                                                       | •                                                                                                                               |                | Ì                     |                             |
| STREET ADDRESS                                                                                                | 18249 S.E. CASSIA LANE                             |                                                                     | 1.3 STREET ADDRE          |                    | ADDRESS                                                 |                                                                                                                                 |                |                       |                             |
| CITY-ST-ZIP                                                                                                   | SECULIARE SI ANIAN                                 |                                                                     | 1.4 CITY-                 | ST.                | - ZIP                                                   |                                                                                                                                 |                |                       |                             |
| TITLE .                                                                                                       | V/5                                                | DELETE                                                              | 2.1 TITLE                 |                    |                                                         |                                                                                                                                 |                | Change                | Addition                    |
| NAME                                                                                                          | ·                                                  |                                                                     | 2.2 NAME                  | 2.2 NAME           |                                                         |                                                                                                                                 |                |                       |                             |
| STREET ADDRESS                                                                                                | 1207 Sage Court                                    |                                                                     | 2.3 STREET ADDRESS        |                    | IDDRESS                                                 |                                                                                                                                 |                |                       |                             |
| CITY-ST-ZIP                                                                                                   | Cheasapeake, VA                                    | 2332O                                                               | 2. 4 CITY - ST - ZIP      |                    | r-ZIP                                                   |                                                                                                                                 |                |                       |                             |
| TITLE                                                                                                         |                                                    | ☐ DELETE                                                            | 3.1 TITLE                 |                    |                                                         |                                                                                                                                 |                | Change                | Addition                    |
| NAME                                                                                                          | Hughes, Jeffrey :                                  | 5.                                                                  | 3.2 NAME                  |                    |                                                         |                                                                                                                                 |                |                       |                             |
| STREET ADDRESS                                                                                                | 39 Wicklow Or                                      |                                                                     | 3 3 STREE                 | TA                 | ADDRESS                                                 |                                                                                                                                 |                |                       |                             |
| CITY-ST-ZIP                                                                                                   |                                                    |                                                                     |                           | ŝī                 | - ZIP                                                   |                                                                                                                                 | <del></del>    |                       |                             |
| TITLE                                                                                                         | DELETE 4.11                                        |                                                                     |                           |                    |                                                         |                                                                                                                                 |                | Change                | Addition                    |
| NAME                                                                                                          | 4.                                                 |                                                                     |                           |                    |                                                         |                                                                                                                                 |                |                       |                             |
| STREET ADDRESS                                                                                                |                                                    |                                                                     | 4.3 STREE                 | ΤA                 | ADORESS                                                 |                                                                                                                                 |                |                       |                             |
| CITY-ST-ZIP                                                                                                   |                                                    |                                                                     | 4 4 CITY-                 | ST-                | - ZIP                                                   |                                                                                                                                 |                | <del></del>           |                             |
| TITLE                                                                                                         |                                                    |                                                                     | 51 TITLE                  |                    |                                                         |                                                                                                                                 |                | Change                | Addition                    |
| NAME .                                                                                                        |                                                    |                                                                     | 5.2 NAME                  |                    |                                                         |                                                                                                                                 |                |                       |                             |
| STREET ADDRESS                                                                                                | · · · · · · · · · · · · · · · · · · ·              |                                                                     |                           | 5.3 STREET ADDRESS |                                                         |                                                                                                                                 |                |                       | Į                           |
| CITY-ST-ZIP                                                                                                   |                                                    |                                                                     |                           | 6.4 CITY-ST-ZIP    |                                                         |                                                                                                                                 |                | 70.                   | F 1 ( 1 0 o                 |
| TITLE                                                                                                         |                                                    | DELETE                                                              | 6.1 TITLE                 |                    |                                                         |                                                                                                                                 |                | Change                | Addition                    |
| NAME                                                                                                          |                                                    |                                                                     | 6.2 NAME                  |                    | 1                                                       |                                                                                                                                 |                |                       | ļ                           |
| STREET ADDRESS                                                                                                |                                                    |                                                                     | 6.3 STREE                 | ΤA                 | ADDRESS                                                 |                                                                                                                                 |                |                       |                             |
| CITY-ST-ZIP                                                                                                   |                                                    | at country at the filtrans of the second of the                     | 6.4 C(TY-                 |                    |                                                         | Da Carrier 140 07/09/0 50 11 C                                                                                                  | . (4.0         |                       |                             |
| informatio                                                                                                    | on indicated on this annual report or s            | supplemental annual report is tru<br>the receiver or trustee empowe | ue and acc<br>ered to exe | uΓ                 | ate and that                                            | I in Section 119.07(3)(I), Florida Statuter<br>my signature shall have the same lega<br>t as required by Chapter 607, Florida S | l effect as    | if made un            | der cath; that              |