FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # P96000069269 (4) T.E.T.C., INC. Principal Place of Business Mailing Address 2734 BURWOOD AVENUE 2734 BURWOOD AVENUE ORLANDO FL 32837 ORLANDO FL 32837 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable 59-3404185 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 8. This corporation owes or has paid the current year Intangible Zip Country Zιρ Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Jandersit, Thomas P 2734 BURWOOD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32837 83 64 City 85 Zip Cod€ 7,0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered bulgations of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 907 SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE Jandersit, thòmas p NAME 1.2 NAME 2734 BURWOOD AVENUE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE Channe TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4. 2 NAME

FILED

6.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP

14. Thereby certify that the information supplies indicated on this annual deport or supplement officer or director of the corporation or the relative of the corporation of the corporati 64CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that annual poper is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate of the same legal effect as if made under oath; that I am an accurate of the same legal effect as if made under oath; that I am an accurate of the same legal effect as if made under oath; that I am an accurate of the same legal effect as if made under oath; that I am an accurate of the same legal effect as if made under oath; that I am an accurate oath accurate oath and the same legal effect as if made under oath; that I am an accurate oath accura rmation supplied with t

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

Change

Addition

Addition