

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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077946 (7)

1. Corporation Name
TECH SESSIONS, INC.



Principal Place of Business
1100 PROSPERITY FARMS ROAD
SUITE 300
PALM BEACH GARDENS FL 33410

Mailing Address
1100 PROSPERITY FARMS ROAD
SUITE 300
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified
09/19/1996

3a. Date of Last Report
N/A 1ST REPT

2. Principal Place of Business
21 14151 - 69th PR. N.
Suite, Apt. #, etc.

2a. Mailing Address
26 14151 - 69th PR. N.
Suite, Apt. #, etc.

4. FEI Number
65-0737772

Applied For
Not Applicable

22 City & State
PALM BEACH GARDENS FL

27 City & State
PALM BEACH GARDENS FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33418

25 Country
PALM BEACH

29 Zip
33418

30 Country
PALM BEACH

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PUMPHREY, GERALD R ESQ.
1100 PROSPERITY FARMS ROAD
SUITE 300
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
ALFONSE J. SANTORO
82 Street Address (P.O. Box Number is Not Acceptable)
14151 69th PR. N.
83
84 City
PALM BEACH GARDENS FL 85 Zip Code
33418

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 607.0605, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PUMPHREY, GERALD R ESQ.	
STREET ADDRESS	1100 PROSPERITY FARMS ROAD, #300	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/S/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alfonse J. Santoro	
1.3 STREET ADDRESS	14151 69th Drive North	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: SIGNATURE OF OFFICER OR DIRECTOR
Alfonse J. Santoro President 4/17/97

CP2E034 (9/96)