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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099321

TECH FIVE, INC.

Mailing Address Principal Place of Business 9532 SIDNEY HAYES ROAD 9532 SIDNEY HAYES ROAD ORLANDO FL 32824 ORLANDO FL 32824-8121 3a. Date of Last Report 3. Date Incorporated or Qualified 12/06/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Ζip Zφ Country 8. This corporation has liability for intangible tax under s. 199 032, Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Gaskell. Timothy D 4807 DARWOOD DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32812-1622 83 Zip Code City 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. Timothy DEAN CONSKELL ame of registered agent and title if applicable (NOTE Registered Agent signatur ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12 DELETE PRES IDENT Change Addition 1.1 TITLE TITLE PRESIDENT Dean GASKell Timothy TIMOTHY DEAN GASKELL 12 NAME NAME DARWOOD DR. DR. 4807 DARWOOD 1.3 STREET ADDRESS STREET ADDRESS F6 32812 32812 ORLANDO ORLANDO 1.4 City-ST-ZiP DiTY - 51 - 7(P) Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAMÉ 2.3 STREET ADDRESS STREET ACCRESS 2. 4 CITY - \$1 - ZIP CITY - ST - 7IP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST - ZIP City St-ZiP Addition Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZiP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CiTY+ST-ZIP City - ST-ZiP Change Addition DELETE TiftE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Apr 04 1997 8:00am Secretary of State



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.

NAME

STREET ADDRESS

City-St-76

SINIOLAN DEAN BULLING THOUTHY DEAN GASKELL SHATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E034