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

Mading Address

PROFIT
CORPORATION
ANNUAL REPORT

1998

Principal Place of Business

NAME

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 22 1998 8:00am

Secretary of State

DOCUMENT # P9700004762 (5)

TECHNICAL RESOURCE MANAGEMENT, INC.

3446 SWEETWATER JAAIL 3446 SWEETWATER TRAIL CLEARWATER FL 34921 CLEARWATER FL-04621 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2, Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 \$8.75 Additional Sulte, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Name and Address of Current Registered Agent Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name SCHECHT, NEIL S. 2909 W BAY TO BAY BLVD., PENTHOUSE 82 Street Addres **IAMPA FL 33629** 83 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE Addition Change TITLE 1.1 TITLE SMIDA, LOU NAME 1.2 NAME **3446 SWEETWATER TRAIL** STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL 34021 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE **Addition** TITLE 2.1 TITLE **SMIDA, TRUDY** NAME 2.2 NAME **3446 SWEETWATER TRAIL** STREET ADORESS 2.3 STREET ADDRESS 33761 CLEARWATER FL 34621 CITY-ST-ZIP 2. 4 CiTY-ST-ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 54 City-St-ZIP DELETE Change TITLE 61 THILE ___ Addition

6.2 NAME

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

TRUCKY Smida

6.3 STREET ADDRESS