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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000044672 (8)

TECH CONNECTION CORPORATION

Principal Place of Business Mailing Address 6512 SW 20TH CT. 6512 SW 20TH CT. **PLANTATION FL 33317** PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65 21 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Interpible Personal Property Tax due June 30. Yes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CARNEIRO, FLORENCIO A 6512 SW 20TH CT. 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33317** 83 84 City 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, 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature, lyped or protect name of receptored agent and the diapple able (NOTE_flegistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELE 1E 1.1 TITLE Change Addition TITLE CARNEIRO, FLORENCIO A 1.2 NAME NAME 6512 SW 20TH CT. 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change 3 1 TITLE TITLE NAME 3.2 NAME

64 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 on an attachment with an address.

GNATURE:

CONTROLL

CO

3.3 STREET ADDRESS 3.4. CITY - ST- ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5 1 TITLE

5.2 NAME

6.1 TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

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FILED

Feb 18 1998 8:00am

Secretary of State