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 # P97000075545 (8)

ncipal Place of Business	Mailing Address		
829 BEAR CREEK DR MPA FL 33624	15629 BEAR CREEK DR TAMPA FL 33624		
2. Principal Place of Business	2a. Mailing Address		
2. Principal Place of Business	2a. Mailing Address 26		
Principal Place of Business Suite, Apt. #, etc.	}		

FILED May 13 1998 8:00am Secretary of State

	TECH POOL SERVICE OF 1	rampa, inc.			
Principal Plac	ce of Business	Mailing Address) 1981/981 (18 1811) 48811 88(11 48 11) 481(r mælle fæmde merde Merle blægt Ælst fådt
15629 BEAR CREEK DR 15629 BEAR CREEK DR TAMPA FL 33624			DO NOT WRITE	IN THIS SPACE	
				3. Dale Incorporated or Qualified	
- 57 1 15		- 12-73-4-7 7		09/02/1997	
	Place of Business	2a. Mailing Address		4. FEI Number 59-3465626	Applied For
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		31-3743620	Not Applicable \$8.75 Additional
22	m, geo.	27		Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23	_	28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Properly Tax due June	
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
	IERILAWYER CHARTERED		81 Name	TAMES P. LOMBAR	DO I
	3 ALMERIA AVENUE		82 Street Ad	ciress (P.O. Box Number is Not Acceptable	e) 0.116
CO	RAL GABLES FL 33134		83	SUZY ISTIK TRE	EX DRIVE
			L.I		
			84 City	TAMPA	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the above-named co		
office or r	registered agent, or both, in the State	of Florida, Such change was a	authorized by the corpor orida Statutes	orporation submits this statement for the profession's board of directors. I hereby accept	I the appointment as registered
SIGNATURE	Carret & Jones	sida	sida Cialdico.		4-23-98
SIGNATURE	Signature typed or profest you obseque test ag	encondition toppos about (NOI	C: Registered Agent signature req	uired when reinstating)	DATE
12.		D DIRI CTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP .	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition (€
NAME	LOMBARDO, JAMES P		1.2 NAME		5
STREET ADDRESS	15629 BEAR CREEK DR		1 3 STREET ADDRESS		Ĭ,
CITY-ST-ZIP TITLE	TAMPA FL 33624	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	DST Wiser, Stephen B	ריי מניניני	2.1 THE 2.2 NAME		E change E Addition
STREET ADDRESS	15629 BEAR CREEK DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP		
TITLE	ICHII NI L VVVET	DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS]		3.3 STREET ADDRESS		
CITY-ST-ZIP	_		3.4 CITY-S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ľ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE	i	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-ZIP		DELETE	5.4 CHY-S1-ZIP		Change Addition
TITLE		LJ DETEIG	61 TITLE		Charge C Aggregati
NAME Street address	ĺ		6.2 NAME		
	ì		6.3 STREET ADDRESS		ì

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 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.

Une-aa