

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

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Mar 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000078703 (0)
1. Corporation Name
TECHNICAL SOLUTIONS INCORPORATED OF SOUTH FLORID
A



Principal Place of Business Mailing Address
1133 BAL HARBOR BLVD., #1139-203 1133 BAL HARBOR BLVD., #1139-203
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1635 Hendry Street		26 1635 Hendry Street		09/10/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0780710	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Ft Myers FL		28 Ft. Myers FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33901		29 33901		30 USA	
Country		Country			
25 USA		30 USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAWFORD, WILLIAM M III
1133 BAL HARBOR BLVD., #1139-203
PUNTA GORDA FL 33950

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	1635 Hendry Street
84	City
Ft Myers	FL
85	Zip Code
33901	

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	OK Change <input type="checkbox"/> Addition
NAME	SWOPE, JOHN M	1.2 NAME	
STREET ADDRESS	3421 WINKLER AVE., APT. #413	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33916	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, WILLIAM M III	2.2 NAME	
STREET ADDRESS	2775 RIO CT.	2.3 STREET ADDRESS	1415 Dean Street
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.4 CITY-ST-ZIP	Ft. Myers FL 33901
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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] 2/24/98

CR2E034 (10/97)