NAME

STREET ADDRESS

Block 12 or Block 13 if changes or

n an attachment with an

CITY-ST-7IP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mogham. Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000104854 (9) DOCUMENT # TECHNOLOGY DESIGN ASSOCIATES, INC. Principal Place of Business Mailing Address 1211 SEMORAN BOULEVARD 1211 SEMORAN BOULEVARD **\$UITE 171** SUITE 171 DO NOT WRITE IN THIS SPACE CASSELBERRY FL 32707 CASSELBERRY FL 32707 3. Date Incorporated or Qualified 12/12/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 305 VINELAND KD Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 ORANGE 29
9. Name and Address of Current Registered Agent Yes Yes 24 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent CAMPBELL, JOHN M 1211 SEMORAN BOULEVARD 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 171 83 CASSELBERRY FL 32707 84 City 85 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** Signature, typicid or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition HRESIDENT : TREASURER 1.1 THLE TITLE CR2E034 NAME CAROL A ROMERO E-3 12 NAME STREET ADDRESS 1.3 STREET ADDRESS 211825 PL 0041192 1.4 City-ST-ZiP CITY-ST-ZIP VICE-PRESIDENT SECRETARY DELETE Change Addition THLE 2.1 TITLE JON BINKOWSKI NAME 2.2 NAME 4301 VINE LANG ROSTE3 2.3 STREET ADDRESS STREET ADDRESS 1100 FU 32811 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 3 4. CITY-ST-ZIP DELETÉ Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TITI F

> 6.2 NAME 6.3 STREET ADDRESS

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 of the receiver or trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP