

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90103 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT# P98000008254

1. Corporation Name
TECHNICAL ENGINEERING AND MANAGEMENT PLACEMENT, INC.

Principal Place of Business
1100 BASSWOOD
WEST PALM BEACH FL 33414

Mailing Address
1100 BASSWOOD
WEST PALM BEACH FL 33414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 FL 33414		26 1100 BASSWOOD		01/27/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 WPB FL		28 SAVIE		65-0809484	
24 33414		29 FL 33414		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 WEST PALM BEACH		30 FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
PREMO, EDWIN T III 1100 BASSWOOD WEST PALM BEACH FL 33414		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREMO, EDWIN III	1.2 NAME	
STREET ADDRESS	1100 BASSWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREMO, EDWIN JR.	2.2 NAME	
STREET ADDRESS	261 MONTE CRISTO	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL 33715	2.4 CITY-ST-ZIP	
TITLE	SEC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE ROZANEK	3.2 NAME	
STREET ADDRESS	1050 SUGAR SANDS BLVD. UNIT 174	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERIA BEACH FL 33404	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, with all other like empowered.

SIGNATURE:

Edwin T. Premo 4-11-99 561-793-9080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)