


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90085 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000009803</b> 1. Corporation Name <b>TECH-SA-PORT INC.</b>			
Principal Place of Business 1538 SW 28 CT. FT LAUDERDALE FL 33315		Mailing Address 1538 SW 28 CT. FT LAUDERDALE FL 33315	
2. Principal Place of Business 21 <b>3001 SW 18 TERR</b> Suite, Apt. #, etc. <b>LOT # 18</b> 22 City & State 23 <b>FT LAUDERDALE FL</b> Zip Country 24 <b>33315</b> 25 <b>USA</b> 2a. Mailing Address 26 <b>3001 SW 18 TERR</b> Suite, Apt. #, etc. <b>LOT # 18</b> 27 City & State 28 <b>FT LAUDERDALE FL</b> Zip Country 29 <b>33315</b> 30 <b>USA</b>			
3. Date Incorporated or Qualified <b>01/30/1998</b>		4. FEI Number <b>15-0809116</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent <b>KEENAN, P. WILLIAM</b> <b>1538 SW 28 CT.</b> <b>FT LAUDERDALE FL 33315</b>	
9. Name and Address of New Registered Agent 81 Name <b>P. WILLIAM KEENAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3001 SW 18 TERR # 18</b> 83 84 City <b>FT LAUDERDALE</b>		10. Name and Address of New Registered Agent 85 Zip Code <b>FL 33315</b>	
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 <u>P. William Keenan</u> <u>PRESIDENT</u> <u>4</u> DATE			
12. OFFICERS AND DIRECTORS TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE NAME <b>P. WILLIAM KEENAN</b> STREET ADDRESS <b>3001 SW 18 TERRACE #18</b> CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33315</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2E034 (1/198)