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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$00908

(1)

SOUTHWEST TECHNICAL SALES CORP.

Mailing Address Principal Place of Business 7931 TIMBERWOOD CIR 7931 TIMBERWOOD CIR **SARASOTA FL 34238-2948** SARASOTA FL 34238 3. Date Incorporated or Qualified 3a. Date of Last Report 09/17/1990 03/07/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0221762 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apt. #, etc. ū 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country This corporation has liability for intangible tax under s. 199.032, Country Zip Yes DNo 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KANE, JAMES H. 3808 MIRA LAGO DRIVE 82 Street SARASOTA FL 34238 83 84 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 proved name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE KANE, CLAUDIA NAME 1.2 NAME 7931 TIMBERWOOD CIR 1.3 STREET ADDRESS STREET ADDRESS sarasota fl 1.4 CITY-ST-ZIP CITY-ST Addition Change DELETE 2.1 TITLE TITLE KANE, CHARLES, M 22 NAME NAME 7931 TIMBERWOOD CIR STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 2.4 CiTY-ST-ZiP CHY-ST-ZIP Change Addition ■ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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 perpetual 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 deliver purpose a provinced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 \$TREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

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NAME

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TITLE

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CITY - ST - ZIP

CITY-ST-7IP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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DELETE

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Addition

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FILED

Jan 31 1997 8:00am

Secretary of State