SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # \$53078

(9)

TECHMASTER OF PALM BEACH COUNTY, INC.

| Principal Place of Business | Mailing Address | | | | | 1 |
|--|---|---|--|--|--|-----------------------------|
| 301 AVILA RD WEST PALM BEACH FL 33405 301 AVILA RD WEST PALM BEACH FL 33405 | | L 3340 5 | | | | |
| | | | | 3. Date Incorporated or Qualified 05/16/1991 | 3a. Date of Last Report 08/22/1995 | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. £EI Number 65-0264728 | Applied F | |
| Suite, Apt. #, etc | 26 | | | | Not Apple \$8.75 Addition | |
| 22 | 27 | | | 5. Certificate of Status Desired | Fee Required | aı |
| City & State | City & State | | | 6. Election Campaign Financing | | ···- ····- ·) |
| 23 | 28 | | ,,,,., | Trust Fund Contribution | Added to Fees | |
| Zip Country | Žip | Country | | 8. This corporation has liability for | | 2, |
| 24 25 | 29 | 30 | | Florida Statutes 10. Name and Address of New Re | Yes Mo | |
| 9. Name and Address of Cu | urrent Hegistered Agent | 81 | Name | 10. Name and Address of New Ne | distated Adent | |
| SHEPPARD, KEVIN P. | | | | | | |
| 301 AVILA RD West Palm Beach FL 33405 | | 82 | Street Add | ress (P.O. Box Number is Not Acceptat: | ole) | |
| WEST FALM DENOTIFE 33403 | | 83 | | | | |
| | | | | | 85 Zip Code | |
| | | 84 | City | | FL 85 Zip Code | |
| 11. Pursuant to the programs of Sections 607 office or registered agent, or both, in the Sagent Tam familiar with and accept the control of t | State of Fiorida. Such change was | s authorized by t | the corporati | ion's board of directors. Thereby accept | it the appointment ås registere | d |
| SIGNATURE | en, mentembre stemmer en e | 11.40 | | TITTE AND DEALER TO THE TOTAL OF | £ | |
| Signature: Especial professional and of logisters | | 4 dt. Regelered Age | of Signature for pa | | CERS AND DIRECTORS IN 12 | - |
| Signate types of professional ording sent 12. OFFICERS | estage (and the Papale sele 6 S AND DIRECTORS DELETE | 13. | ol signature regue | ADDITIONS/CHANGES TO OFFICE | · | |
| Supering Operator Contrare of tags and 12. OFFICERS TITLE D SHEPPARD, KEVIN P | S AND DIRECTORS | 13. | od Signature fedja | | CERS AND DIRECTORS IN 12 | |
| 12. OFFICERS TITLE D SHEPPARD, KEVIN P 301 AVILA RD | S AND DIRECTORS | 13. 13 TITLE | | | CERS AND DIRECTORS IN 12 | |
| 12. OFFICERS TITLE D SHEPPARD, KEVIN P 201 AVII A PD | S AND DIRECTORS | 13. 13 TITLE 12 NAME | ADDRESS | | CERS AND DIRECTORS IN 12 | |
| 12. OFFICERS TITLE D SHEPPARD, KEVIN P 301 AVILA RD WEST PAIN REACH EI | S AND DIRECTORS | 13. 1: TITLE 1:2 NAME 1:3 STREET | ADDRESS | | CERS AND DIRECTORS IN 12 | |
| 12. OFFICERS TITLE D SHEPPARD, KEVIN P 301 AVILA RD WEST PALM BEACH FL | S AND DIRECTORS DELFTE | 13. 13 THEF 12 NAME 13 STREET 14 CHY-S 21 THEF 22 NAME | ADDRESS if : Zig | | CERS AND DIRECTORS IN 12 | dibon |
| 12. OFFICERS 11/1LE NAME STREET ADDRESS CITY-S1-ZiP TITLE STREET ADDRESS CITY-S1-ZiP TITLE | S AND DIRECTORS DELFTE | 13. 13.71(F 12.NAME 13.STREET 14.C(14.S) 21.T(TE 22.NAME 23.STREET | ADDRESS (1-ZIP) ADDRESS | | CERS AND DIRECTORS IN 12 | dibon |
| TILE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP | S AND DIRECTORS DELETE DELETE | 13. 13 THEF 12 NAME 13 STREET 14 CHY-S 21 THEF 22 NAME 23 STREET 24 CHY-S | ADDRESS (1-ZIP) ADDRESS | | CERS AND DIRECTORS IN 12 Change A | Edition |
| Support Greater trace time of legicer 12. OFFICERS D SHEPPARD, KEVIN P 301 AVILA RD WEST PALM BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE | S AND DIRECTORS DELFTE | 13. 1 1 TITLE 1 2 NAME 1 3 STREET 1 4 CHY-S 2 1 TITLE 2 2 NAME 2 3 STREET 2 4 CHY-S 3 1 TITLE | ADDRESS (1-ZIP) ADDRESS | | CERS AND DIRECTORS IN 12 Change A | ldition |
| SUPPLY GREAT FUNCTIONS OF LONG TON THE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME NAME | S AND DIRECTORS DELETE DELETE | 13. 1 1 FILE 1 2 NAME 1 3 STREET 1 4 CHY-S 2 1 TITLE 2 2 NAME 2 3 STREET 2 4 CHY-S 3 1 TITLE 3 2 NAME | ADDRESS 1- ZIP ADDRESS SE- ZIP | | CERS AND DIRECTORS IN 12 Change A | Hit on |
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| SUPPLY GREAT FUNCTIONS OF LONG TON THE CONTROL OF LONG | S AND DIRECTORS DELETE DELETE DELETE | 13. 13 FIFE 12 NAME 13 STREET 14 CITY - S 21 TITLE 22 NAME 23 STREET 2 4 CITY - S 31 TITLE 32 NAME 33 STREET 34 CITY - S 41 TITLE 4 2 NAME | ADDRESS ADDRESS SI-ZIP ADDRESS SI ZIP ADDRESS | | CERS AND DIRECTORS IN 12 Change A | Hit on Idelian |
| SUPPLY GREAT FUNCTIONS OF RECEIVED AND REST ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | S AND DIRECTORS DELETE DELETE DELETE | 13. 11 FILE 12 NAME 13 STREET 14 CHY-S 21 TITLE 22 NAME 23 STREET 2 4 CHY-S 31 THUE 32 NAME 33 STREET 34 CHY-S 41 THUE 4 2 NAME 43 STREET | ADDRESS ADDRESS SI-ZIP ADDRESS SI ZIP ADDRESS | | CERS AND DIRECTORS IN 12 Change A Change A | Hit on Ideion |
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SEQUING OFFICER OR DIRECTOR PS Lagrand 6-10-96 4561-659-2961