

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S89627** (1)

1. Corporation Name
TECHNCOMP SYSTEMS, INC.

Principal Place of Business

**1500 W CYPRESS CREEK RD
SUITE 306
FT. LAUDERDALE FL 33309
US**

Mailing Address

**1500 W CYPRESS CREEK
SUITE 306
FT. LAUDERDALE FL 33309-1850
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1991		3a. Date of Last Report 02/20/1996	
21 1500 W Cypress Creek Rd		26 1500 W Cypress Creek Rd		4. FEI Number 65-0292726		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc. 407		27 Suite, Apt. #, etc. 407		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State Ft. Lauderdale, FL		28 City & State Ft. Lauderdale, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip 33309		29 Zip 33309		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARKATIA, MOHAMMED AMIN 202 LAKE POINTE DR. #108 FT. LAUDERDALE FL 33309				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 22132 Cressmont Place			
				83 P			
				84 City BOCA RATON FL 85 Zip Code 33428			

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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKATIA, MOHAMMED AMIN	1.2 NAME	
STREET ADDRESS	202 LAKE POINTE DR #108	1.3 STREET ADDRESS	22132 Cressmont Place
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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.

SIGNATURE:

M. A. Markatia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMMED A. MARKATIA

5/6/97 (954) 928-1850
Date Daytime Phone

0266783

CR2E034 (9/96)