

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V12835 (7)

1. Corporation Name

TECHNICAL DESIGN ASSOCIATES, INC.



Principal Place of Business

1095 JUPITER PK DR
STE 9
JUPITER FL 33458
US

Mailing Address

1095 JUPITER PK DR
STE 9
JUPITER FL 33458
US

2. Principal Place of Business

21 9715 W. BURNARD BLVD
Suite, Apt. #, etc.

22 236
City & State

23 PLANTATION, FL

24 33324
Zip

Country

2a. Mailing Address

25 9715 W. BURNARD BLVD
Suite, Apt. #, etc.

27 236
City & State

28 PLANTATION, FL

29 33324
Zip

Country

3. Date Incorporated or Qualified

02/10/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0313687

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DIECKMANN, JOHN G.
10423 153RD CT NO
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name

DIECKMANN, JAMES

82 Street Address (P.O. Box Number is Not Acceptable)

831 NW 85 TERR # 2118

83

84 City

Plantation

FL

85 Zip Code

33324

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

James Dieckmann
Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME DIECKMANN, JOHN G.
STREET ADDRESS 10423 53RD CT NO
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE

V, D
NAME DIECKMANN, JAMES

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James Dieckmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96
DATE

(305) 276-9497
Daytime Phone #

CR2E034 (12/95)