

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

FILED
Mar 19, 1997 8:00 am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # F 96 000 000 721

1. Corporation Name

TGF CORPORATION

Principal Place of Business

1110 Euclid Avenue Ste 300
 Cleveland, OH 44115-1603

Mailing Address

1110 Euclid Avenue Ste 300
 Cleveland, OH 44115-1603

3. Date Incorporated or Qualified

3/12/96

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

34-1818086

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

Corporation Services Company
 1201 Hays Street
 Tallahassee, FL 32391

10. Name and Address of New Registered Agent

81 Name Austin Group, Inc.
 82 Street Address (P.O. Box Number is Not Acceptable) 1408 N. Westshore Blvd.
 83 Suite: 1002
 84 City TAMPA FL 85 Zip Code 33607

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 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]* The Austin Group, Inc. 3/12/97

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------|---------------------------------|
| TITLE | PRESIDENT | <input type="checkbox"/> DELETE |
| NAME | Steven A. Calabrese | |
| STREET ADDRESS | 1110 Euclid Avenue Ste 300 | |
| CITY - ST - ZIP | Cleveland, OH 44115-1603 | |
| TITLE | Secretary | <input type="checkbox"/> DELETE |
| NAME | ERIC M. CALABRESE | |
| STREET ADDRESS | 1110 EUCLID AVENUE Ste 300 | |
| CITY - ST - ZIP | Cleveland, OH 44115-1603 | |
| TITLE | TREASURER | <input type="checkbox"/> DELETE |
| NAME | Steven A. Calabrese | |
| STREET ADDRESS | 1110 Euclid Avenue Ste 300 | |
| CITY - ST - ZIP | Cleveland, OH 44115-1603 | |
| 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

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | 200002118682 |
| 63 STREET ADDRESS | -03/20/97--01012--006 |
| 64 CITY - ST - ZIP | ***165.00 |

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: *[Signature]* Date: 2/21/97 Daytime Phone #: 216-696-5472

CR2E034 (9/96)