

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90056 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000071299

1. Corporation Name
T.D.A. CORPORATION

Principal Place of Business 4006 S. SEMORAN BLVD ORLANDO FL 32822 US	Mailing Address 4006 S. SEMORAN BLVD. ORLANDO FL 32822 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2901 Boulder Falls Ct Suite, Apt. #, etc. 22 Apopka FL 32703 City & State 23 32703 USA. Zip Country 24 25	2a. Mailing Address 26 2901 Boulder Falls Ct. Suite, Apt. #, etc. 27 Apopka FL City & State 28 32703 USA. Zip Country 29 30
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3. Date Incorporated or Qualified
09/12/1995

4. FEI Number
59-3340873 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

PEREYRA, J R
2901 BOULDER FALLS COURT
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PEREYRA, J R	} →
STREET ADDRESS	2901 BOULDER FALLS COURT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	RASO, ALBINA C	} →
STREET ADDRESS	2901 BOULDER FALLS COURT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	PEREYRA, JORGE R.	} →
STREET ADDRESS	2901 BOULDER FALLS Ct	
CITY-ST-ZIP	Apopka FL 32703	
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

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PEREYRA, JUAN ROBERTO	} →
1.3 STREET ADDRESS	2901 BOULDER FALLS Ct.	
1.4 CITY-ST-ZIP	Apopka FL 32703	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RASO, ALBINA C	} →
2.3 STREET ADDRESS	2901 Boulder Falls Ct.	
2.4 CITY-ST-ZIP	Apopka FL 32703	
3.1 TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PEREYRA, JORGE R.	} →
3.3 STREET ADDRESS	2901 Boulder Falls Ct	
3.4 CITY-ST-ZIP	Apopka FL 32703	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: _____ Date: **01/07/99** Daytime Phone #: **(407) 889-6019**

CR2E034 (11/98)