

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000085459 (1)**  
 1. Corporation Name  
**T.F. AND M.P., INC.**



Principal Place of Business <b>2000 PGA BOULEVARD                  SUITE 2204                  NORTH PALM BEACH FL 33408</b>	Mailing Address <b>2000 PGA BOULEVARD                  SUITE 2204                  NORTH PALM BEACH FL 33408</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>116 FOXBRIAR LA</b>	22	26 <b>116 FOXBRIAR LA</b>	27	<b>10/16/1996</b>	
City & State		City & State		4. FEI Number	
<b>CARY N. CAROLINA</b>		<b>CARY N. CAROLINA</b>		<b>65-0741033</b> <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
23 <b>27511</b>		28 <b>27511</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country <b>USA</b>		Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>27511</b>		29 <b>27511</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country <b>USA</b>		Country <b>USA</b>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>ANDERSON, TIMOTHY K ESQ.                  631 US HIGHWAY ONE                  SUITE 408                  N. PALM BEACH FL 33408</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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 Mark Pantlin DATE 3/4/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREDERICKSON, VAN C JR.</b>	1.2 NAME	
STREET ADDRESS	<b>2000 PGA BOULEVARD, SUITE 2204</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANTLIN, MARK</b>	2.2 NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>2000 PGA BOULEVARD, SUITE 2204</b>	2.3 STREET ADDRESS	<b>MARK PANTLIN</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	2.4 CITY-ST-ZIP	<b>116 FOXBRIAR LANE</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: Mark Pantlin DATE: 3-4-98 DAYTIME PHONE #: 9198596375

CR2E034 (10/97)