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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P97000011459 (9)**

1. Corporation Name
TMA COMMUNICATIONS, INC.

Principal Place of Business
9 HILTON HAVEN DRIVE
KEY WEST FL 33045

Mailing Address
P.O. BOX 2970
KEY WEST FL 33045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/05/1997

2. Principal Place of Business
21 9 Hilton Haven
22 Suite, Apt. #, etc.
23 City & State: Key West Fl.
24 Zip: 33040 25 Country: U.S.A.

2a. Mailing Address
26 P.O. Box 2970
27 Suite, Apt. #, etc.
28 City & State: Key West Fl
29 Zip: 33045 30 Country: U.S.A.

4. FEI Number: 65-0729548 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
KEY WEST LAW OFFICE, P.A.
444 WHITEHEAD STREET
KEY WEST FL 33041

10. Name and Address of New Registered Agent
81 Name: TERESA Amaddio
82 Street Address (P.O. Box Number is Not Acceptable): 9 Hilton Haven
83
84 City: Key West FL 85 Zip Code: 33040

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: Teresa Amaddio [redacted] Owner Teresa Amaddio 5-15-98
Signature, type or print name of person to whom mail is to be addressed (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President Teresa Amaddio	☐ DELETE
NAME	Vice President P.O. Box 2970	
STREET ADDRESS	Treasurer Key West Fla	
CITY-ST-ZIP	Secretary 33045	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☒ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	100002571571 -06/25/98 -01001-009 ***150.00	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Teresa Amaddio 4-27-98 305-294-0568