

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000044937 (5)
 1. Corporation Name
T 2 E, INC.



Principal Place of Business 11055 OAKDALE RD BOYNTON BEACH FL 33437	Mailing Address 11055 OAKDALE RD BOYNTON BEACH FL 33437
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4233 ST. ANDREWS DR		2a. Mailing Address 26 4233 ST. ANDREWS DR		3. Date Incorporated or Qualified 05/19/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0758367	
City & State 23 BOYNTON BEACH FL		City & State 28 BOYNTON BEACH, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33436		Zip 29 33436		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30 P B		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EWING, TIMOTHY 11055 OAKDALE RD BOYNTON BEACH FL 33437				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 4233 ST. ANDREWS DRIVE	
83				84 City BOYNTON BEACH FL 85 Zip Code 33436	

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: *[Signature]* **TIMOTHY EWING, PRESIDENT** DATE: **29 Jan 98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME 4233 ST. ANDREWS DRIVE	
NAME EWING, TIMOTHY	1.3 STREET ADDRESS BOYNTON BEACH FL 33436	1.4 CITY-ST-ZIP	
STREET ADDRESS 11055 OAKDALE RD	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	
CITY-ST-ZIP BOYNTON BEACH FL 33437	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	
NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
STREET ADDRESS	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	
CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	
NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
STREET ADDRESS	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME	
CITY-ST-ZIP	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.

SIGNATURE: *[Signature]* **TIMOTHY EWING** DATE: **29 Jan 98** **501-732-0075**

CR2E034 (10/97)