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

FILED May 21 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V13054 (4) T.M.K. & ASSOCIATES, INC. ાં તે તેના તમારા તાલું છે. તેના તેના તેના તમામ છે. તેના તેના તેના તેના તો છે. તેના તેના તેના તેના તેના તેના તે Principal Place of Business Mailing Address 8765 SW 51ST COURT 8765 SW 51ST COURT COOPER CITY FL 33328 COOPER CITY FL 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1992 2. Principal Piace of Business 2a. Mailing Address Applied For 21 65-0318000 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No Zip Country $Z_{\rm ID}$ Country 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JORGE M. ABRIL, P.A. 2810 PONCE DE LEON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 470 83 **MIAM! FL 33134** 84 City Zip Code 85 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. Floreby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typied or printed name of registered aperit and till out apply able (NOTE: Registered Agent signature required when reinstating) OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE Addition TITLE 1.1 TITLE KEYER, THOMAS M. 1.2 NAME NAME **8765 SW 51ST COURT** STREET ADDRESS 1.3 STREET ADDRESS **COOPER CITY FL** CITY-ST-ZIP 14 CITY-ST-ZIP DELÉTE Change Addition 2.1 ToTLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Addition Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. Thereby 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.

61 1/116

6.2 NAME 6.3 STREET ADDRESS

CIGNATURE.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

DILETE

5-8-48

956- 434-9922

Change

Addition