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May 04, 1999 8:00 am
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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 # P98000032922

1. Corporation Name
TFG CAPITAL, INC.

Principal Place of Business
1600 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309

Mailing Address
1600 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1998

4. FEI Number
65-0827148

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMILLO, JOHN M ESQ
1600 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309

81 Name **JONES, MATTHEW T. ESQ.**

82 Street Address (P.O. Box Number is Not Acceptable)
1600 W. COMMERCIAL BLVD.

83

84 City **FT. LAUDERDALE** **FL** 85 Zip Code **33309**

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 *Matthew T. Jones, Esq.* **VP MATTHEW T. JONES, ESQ.**

DATE **3/9/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **MORGAMAN, PHILIP E**
STREET ADDRESS **1600 WEST COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

1.1 TITLE **D/C** ☒ Change ☐ Addition
1.2 NAME **MORGAMAN, PHILIP E.**
1.3 STREET ADDRESS **1600 W. COMMERCIAL BLVD.**
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE **D** ☐ DELETE
NAME **SPRUCE, WILLIAM D**
STREET ADDRESS **1600 WEST COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

2.1 TITLE **D/V** ☒ Change ☐ Addition
2.2 NAME **SPRUCE, WILLIAM D.**
2.3 STREET ADDRESS **1600 W. COMMERCIAL BLVD.**
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE **D** ☐ DELETE
NAME **STEPHENSON, MARK**
STREET ADDRESS **1600 WEST COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

3.1 TITLE **D/P** ☒ Change ☐ Addition
3.2 NAME **STEPHENSON, MARK**
3.3 STREET ADDRESS **1600 W. COMMERCIAL BLVD.**
3.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **NICHOLS, NEAL C.**
4.3 STREET ADDRESS **3251 WASHINGTON BLVD.**
4.4 CITY-ST-ZIP **ARLINGTON, VA. 22201**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **CAMILLO, JOHN M.**
5.3 STREET ADDRESS **221 W. OAKLAND PK. BLVD.**
5.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D/V/S/T** ☐ Change ☒ Addition
6.2 NAME **GARDNER, DEBORAH S.**
6.3 STREET ADDRESS **1600 W. COMMERCIAL BLVD.**
6.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

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:

Signature of Mark Stephenson **MARK STEPHENSON, PRESIDENT 3/9/99 (954)493-6565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

TFG CAPITAL, INC.

475 614-90017-27
P98000032922

ADDITIONAL OFFICERS:

Title: V
Name: Matthew T. Jones
Street Address: 1600 W. Commercial Blvd.
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V
Name: Joseph A. Matteis
Street Address: 1600 W. Commercial Blvd.
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V
Name: Dennis Smith
Street Address: 1600 W. Commercial Blvd.
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V
Name: Cheryl A. Smith
Street Address: 1600 W. Commercial Blvd.
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V
Name: Gary D. Paikoff
Street Address: 1600 W. Commercial Blvd.
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V
Name: Marilyn Peterson
Street Address: 1600 W. Commercial Blvd.
City ST-ZIP: Ft. Lauderdale, Florida 33309