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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUN -8 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 684996

1. Corporation Name
T D M INC.

Principal Place of Business
One Wells Circle
Palm Beach, FL 33480

Mailing Address
340 Royal Palm Way
Suite 100
Palm Beach, FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
8/22/80

4. FEI Number
59-2028446
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

Eugene W. Murphy, Jr., Esq.
340 Royal Palm Way, Suite 100
Palm Beach, FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of New Registered Agent, if changing) (Name of Registered Agent, Typed or Printed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	11 TITLE	V/T/S	☐ Change ☒ Addition
NAME	McCloskey, Thomas D.		12 NAME	Porten, Joseph W.	
STREET ADDRESS	One Wells Circle		13 STREET ADDRESS	8735 N. Virginia Avenue	
CITY-ST-ZIP	Palm Beach, FL 33480		14 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	McCloskey, Patricia C.		22 NAME		
STREET ADDRESS	One Wells Circle		23 STREET ADDRESS		
CITY-ST-ZIP	Palm Beach, FL 33480		24 CITY-ST-ZIP		
TITLE	T	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	Reimann, Ernest W.		32 NAME	300002556663--6	
STREET ADDRESS	295 Buck Road, Suite 107		33 STREET ADDRESS	-06/11/98--01056--006	
CITY-ST-ZIP	Holland, PA 18966		34 CITY-ST-ZIP	****558.75 ****558.75	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the corporation named in this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 above, or on an attachment with all other like empowered.

SIGNATURE: Thomas McCloskey 6/5/98 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Title