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FILED
Apr 13 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 # **F43469** (8)
1. Corporation Name
TEAM INVESTMENT AND PROMOTION CORPORATION



Principal Place of Business
**401 2ND ST E
P O BOX 86
INDIAN ROCKS BEACH FL 34635-7086**

Mailing Address
**401 2ND ST E
P O BOX 86
INDIAN ROCKS BEACH FL 34635-7086**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	350 Gulf Boulevard	26	350 Gulf Boulevard
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Indian Rocks Beach, FL	27	Indian Rocks Beach, FL
City & State		City & State	
23		28	33785
Zip		Zip	
24	33785	29	33785
Country		Country	
25	Pinellas	30	Pinellas

3. Date Incorporated or Qualified 09/03/1981	
4. FEI Number 59-2349533	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHRISTNER, ALAN S., JR. 401 SECOND STREET EAST SUITE 231 INDIAN ROCKS BEACH 34635		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 350 Gulf Boulevard 83 84 City Indian Rocks Beach, FL 85 Zip Code 33785	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSYx	1.1 TITLE	PS
NAME	VANLEUVEN, PIERRE	1.2 NAME	Pierre Vanleuven
STREET ADDRESS	401 SECOND ST E, STE 231	1.3 STREET ADDRESS	350 Gulf Boulevard
CITY-ST-ZIP	INDIAN ROCKS BCH FL	1.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE		2.1 TITLE	VP
NAME		2.2 NAME	Alan S. Christner, Jr., Esq.
STREET ADDRESS		2.3 STREET ADDRESS	350 Gulf Boulevard
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Alan S. Christner, Jr.

4/3/98

813-596-3383

CR2E034 (10/97)