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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1006

| DOCU 1. Corporation | | | | | |
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| | JMENT # F93 | 000004738 | (1) | | |
| TCR | R DEVELOPMENT BVP, IN | | ` ' | | |
| | | | | 1 / 3 1 / 4 1 / 1/4 / 3 / 4 1 1 / 4 1 3 1 / 4 1 | |
| Principal Plac | ce of Business | Mailing Address | | | |
| 541 SOU | TH ORLANDO AVE. | 541 SOUTH ORLA | AND AVE. | | |
| SUITE 210 MAITLAND | 10 ID FL 32751 | SUITE 210 | | | |
| US | - 12 25/01 | MAITLAND FL 327 US | 751 | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 2. Principal F | Place of Business | TAT WWW. | | 10/18/1993 | 05/01/1995 |
| 21 | r Kidd Dr Dadingas | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. | l. #, etc. | Suite, Apt. #, etc. | 7.5 | 75-2503801 | Not Applicable |
| 22 | | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | ite | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip | Country | 28 | | Trust Fund Contribution | Added to Fees |
| 4 | 25 | 29 | Country 30 | 8. This corporation has liability for in | ntangible tax under s 199.032, |
| | 9. Name and Address of Cu | rrent Registered Agent | | Florida Statutes Yes 10. Name and Address of New Re | LJ No |
| | | The second secon | 81 Name | The state of the s | Sistered Agent |
| HOEKSEMA, DOUGLAS A. 541 SOUTH ORLANDO AVE. SUITE 210 | | | 82 Street Adv | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | : 210 AND FL 32751 | | 83 | | |
| *************************************** | אוייי ביייי | | 84 City | | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607 1508. Florida State | ites the above period | | FL 3 20 Code |
| ör register familiar wi | red agent, or both, in the State of F rith, and accept the obligations of S | torida. Such change was author | ized by the corporation's boa | oration submits this statement for the purp ard of directors. I hereby accept the appoi | ose of changing its registered office |
| SIGNATURE | , the same of the | scotton dor.0000, Horida Stattitt | | | |
| | | | 50. | | as registered agent. Fam |
| | Signature, typed or printed name of registered a | | | | DA34 |
| 12. | OFFICERS. | AND DIRECTORS | VOTE: Buystered Agent signature requir | | DA34 |
| 12. Title | OFFICERS. PD | AND DIRECTORS | NOTE: Buystered Agent signature requirements 13. | ed whon reinstaling) | DA34 |
| 12. ITLE IAME | PD HOEKSEMA, DOUGLAS | AND DIRECTORS DELETE A | NOTE: Parastered Agent signature requirements 13. 1 1 TITLE 12 NAME | ed whon reinstaling) | DAN |
| 12. TITLE NAME STREET ADDRESS | OFFICERS. PD | AND DIRECTORS DELETE A | 13. 1 TITLE 1.3 NAME 1.3 STREET ADDRESS | ed whon reinstaling) | DA14 |
| 12. ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE | PD HOEKSEMA, DOUGLAS A 541 SOUTH ORLANDO A MAITLAND FL VD | AND DIRECTORS DELETE A AVI , #210 DELETE | NOTE: Parastered Agent signature requirements 13. 1 1 TITLE 12 NAME | ed whon reinstaling) | DATE DERS AND DIRECTORS IN 12 Change |
| ITLE IAME TREET ADDRESS ITY-ST-ZIP TILE AME | PD HOEKSEMA, DOUGLAS A 541 SOUTH ORLANDO A MAITLAND FL VD TERWILLIGER, J. RONAL | AND DIRECTORS DELETE A AVI , #210 DELETE D | 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ed whon reinstaling) | DAN |
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| IZ. ITLE IAME ITREE1 ADDRESS ITY-S1-ZIP ITLE AME ITREE1 ADDRESS ITY-S1-ZIP | PD HOEKSEMA, DOUGLAS 541 SOUTH ORLANDO A MAITLAND FL VD TERWILLIGER, J. RONAL 2859 PACES FERRY RD. ATLANTA GA 30339 | AND DIRECTORS DELETE A AVI , #210 DELETE D , #1400 | 13. 1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2.4 CHY-ST-ZIP | ed whon reinstaling) | DATE DERS AND DIRECTORS IN 12 Change |
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empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chap

SIGNATURE:

4/26/96 Date 401-445-3/30 Daytme Phone #