FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005568 (1)**

1. Corporation Name

TCG AMERICA, INC.

500001458915
-04/18/95--01066--001
****600.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ONE TELEPORT DR SUITE 301 STATEN ISLAND NY 10311-1011	ONE TELEPORT DR SUITE 301 STATEN ISLAND NY 10311-1011

3. Date Incorporated or Qualified: **12/08/1993**
3a. Date of Last Report: **03/30/1994**

2. Principal Place of Business — 21: Two Teleport Drive
2a. Mailing Address — 26: Two Teleport Drive
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: Staten Island NY
City & State — 28: Staten Island NY
Zip — 24: 10311
Country — 25:
Zip — 29: 10311
Country — 30:

4. FEI Number: **13-3743574** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	ANNUNZIATA, ROBERT	12 NAME	
STREET ADDRESS	ONE TELEPORT DR	13 STREET ADDRESS	
CITY ST ZIP	STATEN ISLAND NY	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	SCARPATI, JOHN A	22 NAME	
STREET ADDRESS	ONE TELEPORT DR	23 STREET ADDRESS	
CITY ST ZIP	STATEN ISLAND NY	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	ATKINSON, ROBERT C	32 NAME	
STREET ADDRESS	ONE TELEPORT DR	33 STREET ADDRESS	
CITY ST ZIP	STATEN ISLAND NY	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	BRUHNKE, HOWARD W	42 NAME	
STREET ADDRESS	ONE TELEPORT DR	43 STREET ADDRESS	
CITY ST ZIP	STATEN ISLAND NY	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	HANSEN, ALF T	52 NAME	
STREET ADDRESS	ONE TELEPORT DR	53 STREET ADDRESS	
CITY ST ZIP	STATEN ISLAND NY	54 CITY ST ZIP	
TITLE	VPS	61 TITLE	☐ Change ☐ Addition
NAME	BYRNES, THOMAS P	62 NAME	
STREET ADDRESS	ONE TELEPORT DR	63 STREET ADDRESS	
CITY ST ZIP	STATEN ISLAND NY	64 CITY ST ZIP	

$M 4/17

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 correct 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: John W. Thomson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95
Date

718 321 2150
Daytime Phone #

0484481 FN

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001459779
-04/19/95--01006--004
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000000178 (4)

1. Corporation Name

AID-TO-AIDS, INC.

Principal Place of Business	Mailing Address
701 ORANGE AVENUE CLEARWATER, FLORIDA 34616	701 ORANGE AVE. CLEARWATER, FL 34616

3. Date Incorporated or Qualified: 01/11/1993
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-3176991 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CLINE NARAN
400 CLEVELAND STREET
SUITE 800
CLEARWATER, FL 34615

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IRVING, DOUGLAS PRES./TREAS./DIR. 7 ROSEBAY LANE BELLEAIR, FL. 34616	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC./DIR. PALABINE, JOANNE 1530 CHATEAUWOOD DRIVE CLEARWATER, FL. 34624	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BURTON, GLADIA 1735 LAURIE LANE BELLEAIR, FL. 34616	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SHELTON, EDITH 8 BELLEVIEW BLVD. APT. # 602 BELLEAIR, FL. 34616	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KESKINER, ALI, M.D. 14820 ROE DE DAVONNE, #403 CLEARWATER, FL. 34622	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR FREW, RAND SUITE E-40, 332 BLEECKER STREET NEW YORK, N.Y. 10014-2980	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	DM 4/18 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas Irving President DOUGLAS IRVING 3-20-95 813-585-4636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #