FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F93000005957

1. Corporation Name

TPI COMMISSARY, INC.

Principal Place of Business	Mailing Address
3950 RCA BLVD SUITE 5001 PALM BEACH GARDENS, FLORIDA 33410 US	3950 RCA BLVD. SUITE 5001 PALM BEACH GARDENS, FLORIDA 33410 US

2. Principal Place of Business	2a. Mailing Address
21 3950 RCA BLVD.	26 3950 RCA BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 5001	27 SUITE 5001
City & State	City & State
23 PALM BEACH GARDENS, FL.	28 PALM BEACH GARDENS, FL.
Zip / Country	Zip / Country
24 33410 / 25 USA	29 33410 / 30 USA

3. Date Incorporated or Qualified: 12/30/93
3a. Date of Last Report: 04/25/95
4. FEI Number: 62-1550525 ☐ 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 SOUTH PINE ISLAND ROAD
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 _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT & CHIEF OPER. OFFICER	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	J. GARY SHARP		1.2 NAME		
STREET ADDRESS	3950 RCA BLVD, SUITE 5001		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33410		1.4 CITY-ST-ZIP		
TITLE	VICE CHAIRMAN OF BOARD & SEC.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT A. KENNEDY.		2.2 NAME		
STREET ADDRESS	3950 RCA BLVD, SUITE 5001		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33410		2.4 CITY-ST-ZIP		
TITLE	VICE PRES & TREASURER	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRED W. BURFORD		3.2 NAME		
STREET ADDRESS	3950 RCA BLVD, SUITE 5001		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FREDERICK W. BURFORD 407-691-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SG 3-4-96