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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002063 (3)

1. Corporation Name
TAMS CONSULTANTS, INC.

Principal Place of Business
655 3RD AVE
NEW YORK NY 10017

Mailing Address
655 3RD AVE
NEW YORK NY 10017-5617



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1996		3a. Date of Last Report	
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-1800952		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent GAFFNEY, JOHN 3840 YACHT CLUB DR AVENTURA FL 33180				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	D
NAME	LOW, DANA E	1.2 NAME	G. Barrie Heinzenknecht
STREET ADDRESS	655 3RD AVE	1.3 STREET ADDRESS	655 Third Avenue
CITY-ST-ZIP	NEW YORK NY 10017	1.4 CITY-ST-ZIP	New York, NY 10017
TITLE		2.1 TITLE	
NAME	MCAWARD, PATRICK J JR	2.2 NAME	
STREET ADDRESS	655 3RD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	REGAN, EDWARD C	3.2 NAME	
STREET ADDRESS	655 3RD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	HIXENBAUGH, LYLE H	4.2 NAME	Ronald H. Axelrod
STREET ADDRESS	655 3RD AVE	4.3 STREET ADDRESS	38 Chauncy Street
CITY-ST-ZIP	NEW YORK NY 10017	4.4 CITY-ST-ZIP	Boxton, MA 02111
TITLE	T	5.1 TITLE	D/C/P/T
NAME	DOLCIMASCOLO, ANTHONY R	5.2 NAME	
STREET ADDRESS	655 3RD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	COLE, ERIC	6.2 NAME	
STREET ADDRESS	655 3RD AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	6.4 CITY-ST-ZIP	

14. I do 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: _____ Anthony R. Dolcimascolo President 5/1/97 (212) 867-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)