

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 14 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 # F96000004178 (7)

1. Corporation Name
TCI CORPORATION

Principal Place of Business

1080 MAITLAND CIR.
SUITE 411
MAITLAND FL 32751

Mailing Address

177 CROSSWAYS PARK DR.
WOODBURY NY 11797



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

11-3305414

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1 INDEPENDENT DRIVE

Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE, FL

24 Zip 32202-5050

25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☒ DELETE

NAME MACAULEY, WALTER
STREET ADDRESS 177 CROSSWAYS PARK DR
CITY-ST-ZIP WOODBURY NY 11797

TITLE T ☒ DELETE

NAME DRUCKMAN, MICHAEL
STREET ADDRESS 177 CROSSWAYS PARK DR
CITY-ST-ZIP WOODBURY NY 11797

TITLE V ☐ DELETE

NAME CALABRO, ROBERT
STREET ADDRESS 177 CROSSWAYS PARK DR
CITY-ST-ZIP WOODBURY NY 11797

TITLE S ☒ DELETE

NAME REINECUE, MIKE
STREET ADDRESS 177 CROSSWAYS PARK DR
CITY-ST-ZIP WOODBURY NY 11797

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN OF THE BOARD ☐ Change ☒ Addition

1.2 NAME DEREK E. DEWAN

1.3 STREET ADDRESS 1 INDEPENDENT DRIVE

1.4 CITY-ST-ZIP JACKSONVILLE, FL 32202-5050

2.1 TITLE SR VP ☐ Change ☒ Addition

2.2 NAME MICHAEL O. ABNEY

2.3 STREET ADDRESS 1 INDEPENDENT DRIVE

2.4 CITY-ST-ZIP JACKSONVILLE, FL 32202-5050

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE SECRETARY ☐ Change ☒ Addition

4.2 NAME MARC H. MAYO

4.3 STREET ADDRESS 1 INDEPENDENT DRIVE

4.4 CITY-ST-ZIP JACKSONVILLE, FL 32202-5050

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

VP-TAKES 4/6/98

CR2E034 (10/97)