

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90012 025 ***300.00

DOCUMENT # F97000002765

1. Corporation Name
TFG MANAGEMENT COMPANY, INC.

Principal Place of Business
4800 N. FEDERAL HWY.
SANCTUARY CENTRE, STE. 303A
BOCA RATON FL 33431

Mailing Address
4800 N. FEDERAL HWY.
SANCTUARY CENTRE, STE. 303A
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

04-3220630

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKINTON, DENNIS H
4800 N. FEDERAL HWY.
SANCTUARY CENTRE, STE. 303A
BOCA RATON FL 33431

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME FINCH, WESLEY E
STREET ADDRESS 4800 N FEDERAL HWY., SANCTUARY CNTRE 303A
CITY-ST-ZIP BOCA RATON FL 33431

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE T
NAME BLACKINTON, DENNIS H
STREET ADDRESS 4800 N FEDERAL HWY., SANCTUARY CNTRE 303A
CITY-ST-ZIP BOCA RATON FL 33431

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME JAMES, ROBERT A JR.
STREET ADDRESS 65 FRANKLIN ST.
CITY-ST-ZIP BOSTON MA 02110

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE V
NAME WADE, SUSAN M
STREET ADDRESS 65 FRANKLIN ST.
CITY-ST-ZIP BOSTON MA 02110

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE AV
NAME BATEMAN, DEBORAH B
STREET ADDRESS 65 FRANKLIN ST.
CITY-ST-ZIP BOSTON MA 02110

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)