

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000003518 (4)**  
 1. Corporation Name  
**TPS OF CALIFORNIA, INC.**



Principal Place of Business <b>2900 NORTH MILITARY TR., STE. 100 BOCA RATON FL 33431</b>	Mailing Address <b>2900 NORTH MILITARY TR., STE. 100 BOCA RATON FL 33431</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/07/1997</b>	
21	22	26	27	4. FEI Number <b>65-0735113</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		Zip	
24	26	29	30		

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>CD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FELDSTEIN, GARY S DR.</b>	1.2 NAME	<b>LINEHAN, STEVE</b>
STREET ADDRESS	<b>2 WEST 67TH ST.</b>	1.3 STREET ADDRESS	<b>2900 N. MILITARY TRAIL, STE. 100</b>
CITY-ST-ZIP	<b>NEW YORK NY 10023</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENKO, ANDREA M</b>	2.2 NAME	<b>DOWLING, LYNN</b>
STREET ADDRESS	<b>2900 NORTH MILITARY TR., STE. 100</b>	2.3 STREET ADDRESS	<b>2900 N. MILITARY TRAIL, STE. 100</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
TITLE	<b>VS</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARPER, JAMES L JR.</b>	3.2 NAME	<b>LERMAN, CATHY</b>
STREET ADDRESS	<b>2900 NORTH MILITARY TR., STE. 100</b>	3.3 STREET ADDRESS	<b>2900 N. MILITARY TRAIL, STE. 100</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	3.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, JEFFERY</b>	4.2 NAME	<b>ELLIS, JEFFREY R.</b>
STREET ADDRESS	<b>2900 N. MILITARY TR., STE. 100</b>	4.3 STREET ADDRESS	<b>2900 N. MILITARY TRAIL, STE. 100</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	4.4 CITY-ST-ZIP	<b>BOCA RATON, FL 3431</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEIDNER, DANNA</b>	5.2 NAME	
STREET ADDRESS	<b>2900 NORTH MILITARY TR., STE. 100</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, JEFFERY</b>	6.2 NAME	
STREET ADDRESS	<b>2900 NORTH MILITARY TR., STE. 100</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	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: *[Signature]* **5-21-98 (561) 988-8100**

CR2E034 (10/97)