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**

DOCUMENT # F98000007141

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

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23

24

Zip

City & State

TCHI ADVISORS, INC.		
Principal Place of Business	Mailing Address	
28 STATE ST. 37TH FL BOSTON MA 02109	28 STATE ST. 37TH FL BOSTON MA 02109'	,
Principal Place of Business	2a. Mailing Address	
21 Suite, Apt. #. etc.	26 Suite, Apt. #, etc.	

27

28

29

Zip

City & State

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90001 048 ***158.75



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

12/31/1998 4. FEI Number

04-3429551

CODD	ORATION SERVICE COMPANY		81	Name				
	HAYS STREET		82	Street A	ddress (P.O. Box Number is No	t Acceptable)		
	HASSEE FL 32301-2525		-					
IALLA	MAGGE FL 32301-2323	,	83					
			84	City		· FL	85 Zip C	ode
							shanaina ita	ropietorod
office or re	to the provisions of Sections 607.0502 and 607.0 egistered agent, or both, in the State of Florida. S In familiar with, and accept the obligations of, Se	such change was auth	orized by	the corpo	corporation submits this stateme ration's board of directors. I here	eby accept the appoi	ntment as reg	istered
SIGNATURE				•		D. 75		
	Signature, typed or printed name of registered agent and title if app			nt signature re	quired when reinstating) ADDITIONS/CHANGE	DATE OFFICERS AN	D DIRECTO	DC IN 12
12.	OFFICERS AND DIRECTI	DRS DELETE	13.		ADDITIONS/CHANGE	S TO OFFICERS AN	Change	Addition
i i	CEOC	□ ocreie	1.1 TITLE		·			
,	MCCARTHY, FREDERICK W		1.2 NAME					
	222 LAKEVIEW AVE, STE 160-268		1.3 STREET	TADDRESS				
****	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP				Change	☐ Addition
	PD	☐ DELETE	2.1 TITLE				Citalige	Addition
	MOSELEY, FREDERICK S IV		2.2 NAME					
STREET ADDRESS	28 STATE ST, 37TH FL		2.3 STREET	TADDRESS				
CITY-ST-ZIP	BOSTON MA 02109		2. 4 CITY-5	T-ZIP	·····			
TITLE	D	☐ DELETE	3.1 TITLE				Change	Addition
	MCLAUGHLIN, RICHARD F III		3.2 NAME	-				
STREET ADDRESS	28 STATE ST, 37TH FL		3.3 STREET	T ADDRESS				
CITY-ST-ZIP	BOSTON MA 02109		3.4. CITY- S	ST-ZIP				
TITLE	CFOS	☐ DELETE	4.1 TITLE	[Change	☐ Addition
NAME	Trevisani, robert m		4.2 NAME					
STREET ADDRESS	28 STATE ST, 37TH FL		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	BOSTON MA 02109		4.4 CITY-S	T-ZIP				
TITLE	V	☐ DELETE	5.1 TITLE				Change	Addition
NAME	SPADONI, CHARLES B		5.2 NAME					
	28 STATE ST, 37TH FL		5.3 STREE	TADORESS				
	BOSTON MA 02109		5.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP	_		6.4 CITY-S	T-ZIP				
14 I hereby c	ertify that the information supplied with this filing on this annual report or supplemental annual rep	does not qualify for th	e exempt	ion stated	in Section 119.07(3)(i), Florida	Statutes. I further cer	tify that the ir	formation

Country

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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.