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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # G73320

1. Corporation Name

(5)

T.D.M. PROPERTIES, INC.

FILED
May 12 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 221 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169-5239 NEW SMYRNA BEACH FL 32169-5239 US					39	3. Date Inco	3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1983 04/08/1996				
, Principa P	lace of Busi	ness	2a. Mailing Addres	SS _		4, FEI Numb		U4/1		Applied For	
415	Canal	^{ness} Street	2a. Mailing Addres 26 415 Ca	inal Sti	reet	59-253	9116			Vot Applicabl	
Suite, Apt	#. etc	A comment of the control of the cont	Suite, Ap1. #, e	itc.		5. Certificati	of Status Desired			Additional Required	
City & State			City & State				Campaign Financing		\$5.0	О Мау Ве	
· · · · · · · · · · · · · · · · · ·	Smyrna	a Beach, FL		myrna I			d Contribution			d to Fees	
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HAII	, MARK R		t riogistorou Agent		81 Name	10, 110, 10	0 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	1108101010	- 190	· · · · · · · · · · · · · · · · · · ·	
		AUSEWAY									
		BEACH FL 32169			82 Street A	ddress (P.O. Box N Canal	umber is Not Accep Free†	itable)			
IZEA	OMITHIA	DENOTITE SE 109			83	, canar ,	02.000				
											
					B4 City Ne	w Smyrna	Reach	FL	85 Zi	2168	
1 Pursuant	to the Drows	sions of Sections 607 050:	2 and 607 1508. Florida	Statutes the a	bove-named o	corporation submits	this statement for th				
office or r	egistered a	sions of Sections 607.050; gent or both, in the State vith, and accept the obliga	of Florida, Such change	e was authorize	ed by the corpo	oration's board of d	rectors. I hereby ac	cept the app	pointment a	s registered	
	hill i Cirlinal Cir. An	nin, and accept the conge	idona di, obcdoni bor loc	JUJ, FIURIUA DIA	แนเอธ.						
	Sagin er en bijver	dici ponted name of registered ages	t and title if applicable.	(NOTE: Registers		equired when reinstating)		DATE	······································		
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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 are 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

IGN TURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/23/97

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