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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name (7)									
TBE GROUP, INC.									
102 01	1001 / 11101					1 AND HIS ONLY AND LOUIS CHIEF CONTRACTOR AND A PROPERTY OF A CONTRACTOR AND A CONTRACTOR A	ALDRIN DIDIN DIDI	I AI BILLIEI	
Principal Place	of Business	Mailing Address				- 1 COUNTY AND COMMON CLIST CITED COLL STATE OF THE STATE	II MARII MARII ALBE	J DIDII IANI	
18167 US 19 N. STE 550 18167 US 19 N. STE 550									
CLEARWATER FL 34624 CLEARWATER FL 34624					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	SF ACE.		
						12/19/1983			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	I Ac	plied For	
21	acc c. Bosineos	26				59-2367433		t Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
27						5. Certificate of Status Desired	Fee Re	quired	
City & State City & State						6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added t		
Zip	— <u> </u>	— ├¬``` / ├¬ ' ├¬		•		8. This corporation owes or has paid the cu		angible] No	
24	25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30. 10. Name and Address of New Registered		1 NO	
					Vame	10. 100.100.100.000			
Savitz, Edward o Esq. 220 S. Franklin St.							<u>,</u>		
	•		82 Street			ess (P.O. Box Number is Not Acceptable)			
TAMPA FL 33602				83					
							1651 7:- /	No do	
				84 0	City	FL	85 Zip (Code	
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	pove-n	amed corp	oration submits this statement for the purpose	of changing it	s registered		
office or re	e gist ered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	o by in ates.	е согроган	ion's board of directors. I hereby accept the ap	politiliterit as	าอนูเรเอเอน		
SIGNATURE						·			
	Signature, typed or printed name of registered agor			d Agent s	signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTOR	OC IN 10	
12.			13.	TIE	<u> </u>		Change	Addition	
TITLE			1	• '				7	
NAME Street address	18167 US 19 N, STE 550					atrick L. Beyer 8167 US 19 N. Suite 550			
CITY-ST-ZIP	CLEARWATER FL			1,4 CiTY-ST-ZIP C		Clearwater. FL 33764			
TITLE			_	2.1 TITLE S			☐ Change	Addition	
NAME	ZEMBILLAS, NICHOLAS M. 2		2.2 N			CATHY BEYER			
STREET ADDRESS	18167 US 19 N, STE 550			reet adi		8167 US 19 N, SUITE 550		ł	
CITY-ST-ZIP	CLEARWATER FL			ITY-ST-	****	CLEARWATER, FL 33764			
TITLE	AS DELETE					PODERT O PROUN	Change	Addition K	
NAME	BRUCE T. KASCHYK					ROBERT G. BROWN			
STREET ADDRESS	18167 US 19 NO STE 500			3.3 STREET ADDRESS		18167 US 19 N, Suite 550			
CITY-ST-ZIP	CLEARWATER FL					CLEARWATER, FL 33764	☐ Change	★ Addition	
TITLE	AS DELETE		1	4.1 TITLE 4.2 NAME		/P	L Cliarige	X AUGILION	
NAME	JAMES G. WILLIAMS					RICHARD T. DOYLE			
STREET ADDRESS	102 W. WHITING ST., #400 TAMPA FL		1	TREET ADI ITY-ST-Z		18167 US 19 N, SUITE 550 CLEARWATER, FL 33764		1	
CITY-ST-ZIP TITLE	AS	DELETE	5.1 TI			/P	☐ Change	Addition	
NAME	PATRICK R. RHEISER		5.2 N/		Ľ	ANCE D. LAIRSCEY	•	^	
STREET ADDRESS	102 W. WHITING ST., #400			rreet adi		18167 US 19 N, SUITE 550			
CITY-ST-ZIP	TAMPA FL			TY-ST-Z		CLEARWATER, FL 33764			
TITLE	V	DELETE	6.1 TI			/P	Change	Addition Addition	
NAME	DIAZ, RICHARD, JR.		6.2 N	ame		OSEPH G. YEASTED			
STREET ADDRESS	102 WEST WHITING STREET,	SUITE 400	6.3 \$1	TREET AD		.8167 US 19 N, SUITE 550			
CITY-ST-ZIP	TAMPA FL		6.4 CI	ITY-ST-Z		LEARWATER, FL		,,	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the receiver or fustee 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, of on an enterchange with an address.

FILED

Mar 26 1998 8:00am

Secretary of State