

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G82482 (2)
1. Corporation Name
T CORPORATION



Principal Place of Business
4367 N. FEDERAL HWY., #103
FT. LAUDERDALE FL 33308
US

Mailing Address
4367 N. FEDERAL HWY., #103
FT. LAUDERDALE FL 33308-5213
US

3. Date Incorporated or Qualified 12/08/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2482006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent TOPMILLER, GERALD 4367 N. FEDERAL HWY FT. LAUDERDALE FL 33308	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
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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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	3.1 CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TOPMILLER, ELIZABETH 4367 N. FEDERAL HWY FT LAU, FL 00000		2.1 TOPMILLER, ELIZABETH 4367 N. FEDERAL HWY FT LAU, FL 00000	
2.2 TOPMILLER, GERALD 4367 N. FEDERAL HWY FT. LAUDERDALE FL		2.2 TOPMILLER, GERALD 4367 N. FEDERAL HWY FT. LAUDERDALE FL	
3.1		3.1	
3.2		3.2	
3.3		3.3	
3.4		3.4	
4.1		4.1	
4.2		4.2	
4.3		4.3	
4.4		4.4	
5.1		5.1	
5.2		5.2	
5.3		5.3	
5.4		5.4	
6.1		6.1	
6.2		6.2	
6.3		6.3	
6.4		6.4	

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 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: _____ 4-26-97

CP2E034 (9/96)