

4/29/98 B-5564 - C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # H77090 (9)
 1. Corporation Name
TIG ENTERPRISES, INC.



Principal Place of Business 2105 NORTH ANDREWS AVE. EXT. BAY 10 POMPANO BEACH FL 33069	Mailing Address 2105 NORTH ANDREWS AVE. EXT. BAY 10 POMPANO BEACH FL 33069
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/20/1985	4. FEI Number 59-2592914	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**PASSALACQUA, ANTHONY
 2810 NORTHEAST 47TH STREET
 LIGHTHOUSE POINT FL 33084**

10. Name and Address of New Registered Agent

81 Name ANTHONY PASSALACQUA	
82 Street Address (P.O. Box Number is Not Acceptable) 976 ALLAMANDA DR	
83	
84 City DELRAY Bch	85 Zip Code FL 33483

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 PT	<input type="checkbox"/> DELETE	1.1 TITLE P T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PASSALACQUA, ANTHONY		1.2 NAME ANTHONY PASSALACQUA	
STREET ADDRESS 2810 NE 47TH STREET		1.3 STREET ADDRESS 976 ALLAMANDA DR.	
CITY-ST-ZIP LIGHTHOUSE PT FL 33084		1.4 CITY-ST-ZIP DELRAY Bch, FLA. 33483	
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE V S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PASSALACQUA, CATHERINE		2.2 NAME CATHERINE PASSALACQUA	
STREET ADDRESS 2810 NE 47TH STREET		2.3 STREET ADDRESS 976 ALLAMANDA DR	
CITY-ST-ZIP LIGHTHOUSE PT FL 33084		2.4 CITY-ST-ZIP DELRAY Bch FLA 33483	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE **4/14/98**

CFR2E034 (10/97)