


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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2592914	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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

Signature, typed or printed name of registered agent and title if applicable

(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

[Signature]

4/14/98 536 111-8902

CP2E034 (10/97)