

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

PROFIT
CORPORATION
ANNUAL REPORT

~~1997~~ 1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90047 004 ***150.00

DOCUMENT # H77090

(9)

✓

1999

TIG ENTERPRISES, INC.

Principal Place of Business

~~2106 NORTH ANDREWS AVE. EXT.
BAY 10
POMPANO BEACH FL 33060~~

Mailing Address

~~2106 NORTH ANDREWS AVE. EXT.
BAY 10
POMPANO BEACH FL 33060~~

Principal Place of Business

976 ALLAMANDA DR.
Suite, Apt #, etc.

2a. Mailing Address

26 976 ALLAMANDA DR.
Suite, Apt #, etc.

City & State

DELRAY BEACH, FL

City & State

28 DELRAY BEACH, FL

Zip

33483 Country 25 PALM BEACH

Zip

29 33483 Country 30 PALM BEACH

g. Name and Address of Current Registered Agent

PASSALACQUA, ANTHONY
2810 NORTHEAST 47TH STREET
LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified

09/20/1985

3a. Date of Last Report

04/18/1996

4. FEI Number

59-2592914

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
976 ALLAMANDA DR.

84 City
DELRAY BEACH

FL

85 Zip Code
33483

1. 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 re-appointing)

DATE

2. OFFICERS AND DIRECTORS

TITLE PT
NAME PASSALACQUA, ANTHONY
STREET ADDRESS 2810 NE 47TH STREET
CITY-ST-ZIP LIGHTHOUSE PT FL 33064 ☐ DELETE

TITLE VS
NAME PASSALACQUA, CATHERINE
STREET ADDRESS 2810 NE 47TH STREET
CITY-ST-ZIP LIGHTHOUSE PT FL 33064 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS 976 ALLAMANDA DR.
14 CITY-ST-ZIP DELRAY BEACH, FL 33483 ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS 976 ALLAMANDA DR.
24 CITY-ST-ZIP DELRAY BEACH, FL 33483 ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Anthony Passalacqua President 4/30/99

561-266-8882

CR2E034 (9/96)