

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

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J01643 1. Corporation Name TCY LIMITED, INC.					
Principal Place of Business 17201 BISCAYNE BLVD. NORTH MIAMI BEACH FL 33180-4803			Mailing Address 17201 BISCAYNE BLVD. NORTH MIAMI BEACH FL 33180-4803		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 24 Suite, Apt. #, etc. 25 City & State 26 Zip Country		3. Date Incorporated or Qualified 02/28/1986 4. FEI Number 59-2832365 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	
8. Name and Address of Current Registered Agent KARCHER, DAVID P. ESO. 2900 MIDDLE ST SW 28 TERR 44 WEST FLAGLER ST. PENTHOUSE. MIAMI FL 33133				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	
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's signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS ☐ DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99 (905) 945-0808

Date

Daytime Phone #

CR2034 (11/98)