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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # J17570 1. Corporation Name

TMC-1, INC.

## FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90144 025 \*\*\*150.00



Principal Place	e of Business	M	ailing Address									
101 BULLARD PKWY		460	4601 W KENNEDY BLVD									
TEMPLE TERRACE FL 33617			SUITE 305				DO NOT WRITE IN THIS SPACE					
US			TAMPA FL 33609 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					ı
		03	,	_			06/02				į	
- 	The second secon	7.20	. Mailing Address				4. FEI Nur			TIAn	plied For	
<del>−</del> ¬	lace of Business	26	. Making Address				59-26			<del> </del>	t Applicable	i
21 Suite, Apt.	# otc	26	Suite, Apt. #, etc.				33 20	10010		\$8.75		
<del>-</del>	<del>, 6</del> 0.	27	Outo, 7 pc. 17, 0101				5. Certifca	te of Status Desir	ed 🗌	Fee Re		
City & State		12/1	City & State				ß Election	Campaign Finan	cina —	\$5.00	May Be	
23	•	28	<b>4,</b>					und Contribution	a 🗆	Added t		
Zip	Country	- <del> </del> -	Zip	Cou	untry		8. This co	rporation owes the	e current year	Intangible		
24	25	29	•	30	•		,	al Property Tax.	,	ŬYes	□No	
	9. Name and Address of Curren	بتتب	tered Agent		T		10. Name a	and Address of I	New Registere	ed Agent		
					81	Name "		<del></del>	1			
•	amore, S. Whitman				82	Stroot Ad	dress (P.O. Boy	Number is Not Ac	centable)			
	I W KENNEDY BLVD				02	Sueet Au	, c1) , cealur	rediffice to receive	CPILIDIO			
SUIT	TE 305		•	,	83							
TAM	PA FL 33609		•		<b>∫</b>		<del></del> _			es Zin i	Code	
					84	City	•	. 4	F	L 85 Zip	Code	١.
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 6	07.1508, Florida Stat	utes, the a	above	e-named co	orporation submit ation's board of d	s this statement for irectors. I hereby	or the purpose accept the app	of changing its pointment as re	registered gistered	
office or n agent. I a	egistered agent, or both, in the state im familiar with, and accept the obligation	tions of	, Section 607.0505, F	Iorida Stat	itutes.	ine corpore						1
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agent. I an SIGNATURE	m familiar with, and accept the obligation of th	itions of	, Section 607.0505, F if applicable. (NC	TE: Registered	tutes. ed Agent		uired when reinstating)	NS/CHANGES T	DATE			14/00)
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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, with all other like empowered.

4-15-99 813-287-0088 Date Daytime Phone #