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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J97648

(6)

TOMLINSON DEVELOPMENT CORP.

## FILED Apr 30 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address					
2101 W COMMERCIAL BLVD SUITE 4100 FORT LAUDERDALE FL 33309 US  2101 W COMMERCIAL BLVD SUITE 4100 FORT LAUDERDALE FL 33309 US		-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  10/16/1987			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21   Suite, Apt #, etc   22	26] Suite, Apl. #, elc.			65-0046128  5. Certificate of Status Desired	[]	\$8.75 Additional Fee Required
City & State	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
<b>Z</b> ip Country <b>24 25</b>		Country •0		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent  81 Name			
FORMAN, ROBERT S., ESQ. 2101 W COMMERCIAL BLVD SUITE 4100 FORT LAUDERDALE FL 33309		82		ress (P.O. Box Number is Not Acceptable)		
		84	City		FL	85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607 0505 office or registered agent, or both, in the State agent. Lam familiar with, and accept the obliga</li> </ol>	ol Florida. Siich change was au	thorized by	the corpora	poration submits this statement for the tion's board of directors. I hereby acce	ourpose o	of changing its registered pointment as registered
Signature Signature typed or printed name of registers diagre	d arnétite d'applicatèle (NOTE I	Ringistered Age	nt signature requi	ired whon resistating)	DATE	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 STD DELETE THLE 1 1 TITLE ☐ Change TOMLINSON, R. W. 12 NAME 6701 N W 70 PLACE STREET ADDRESS 1.3 STREET ADDRESS PARKLAND FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELFTE TITLE 21 TIFLE Change \_\_\_ Addition TOMLINSON, HAROLD NAME 2 2 NAME **6701 NW 70 PLACE** STREET ADDRESS 2.3 STREET ADDRESS PARKLAND FL CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 51 TITLE Change NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY- ST - 71P TITLE DELETE 6 1 THEF Change Addition NAME 6.2 NAME

14. Thereby certily 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 angular report is ruppliemental 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 other corporation or the receiver or trusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an attrustment with an address.

6.9 STHEET AODRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

tanll.

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984-340-7501

32F034 (10/97)