

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K03972

1. Corporation Name

T.G.C. PROPERTIES, INC.

Principal Place of Business

Mailing Address

3728 PROSPECT AVE.
RIVIERA BCH. FL. 33404

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RIVIERA BCH. FL. 33404

3. Date Incorporated or Qualified
11/25/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0016189

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUIG, RICHARD
189 HARBORSIDE CIRCLE
JUPITER, FL. 33477

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

Signature of Registered Agent (if the agent is not the corporation)

Signature of Registered Agent (signature of the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input type="checkbox"/> DELETE
NAME	TRAINOR, ROBERT SR.	
STREET ADDRESS	8336 ARROWHEAD LANE	
CITY-ST-ZIP	ORLAND PARK, IL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PUIG, RICHARD	
STREET ADDRESS	189 HARBORSIDE CIRCLE	
CITY-ST-ZIP	JUPITER, FL.	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TRAINOR, ALMA MAE	
STREET ADDRESS	8336 ARROWHEAD LN	
CITY-ST-ZIP	ORLAND PARK, IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRAINOR JR. ROBERT J.	
STREET ADDRESS	11700 S. CICERO AVENUE	
CITY-ST-ZIP	ALSIP, IL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TRAINOR, EDWIN	
STREET ADDRESS	3728 PROSPECT AVE	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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-07/02/96--01014--027
***250.00

SECRETARY/DIRECTOR Change Addition
TRAINOR, THOMAS D.
11700 S. CICERO AVE.
ALSIP, IL. 60658

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert J. Trainor Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TH
7/1/96

CR2E034 (12/95)