

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K03972 (2)

1. Corporation Name
T.G.C. PROPERTIES, INC.



Principal Place of Business 3728 PROSPECT AVE. RIVIERA BCH. FL 33404	Mailing Address 3728 PROSPECT AVE. RIVIERA BCH. FL 33404-3443
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3. Date Incorporated or Qualified 11/25/1987	3a. Date of Last Report 07/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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4. FEI Number 65-0016189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PUIG, RICHARD
189 HARBORSIDE CIRCLE
JUPITER FL 33477

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DT	NAME TRAINOR, ROBERT	DELETED
STREET ADDRESS 8336 ARROWHEAD LANE	CITY-ST-ZIP ORLAND PARK IL	
TITLE DV	NAME PUIG, RICHARD	DELETED
STREET ADDRESS 189 HARBORSIDE CIRCLE	CITY-ST-ZIP JUPITER FL	
TITLE P	NAME TRAINOR, ALMA MAE	DELETED
STREET ADDRESS 8336 ARROWHEAD LN	CITY-ST-ZIP ORLAND PARK IL	
TITLE D	NAME TRAINOR JR., ROBERT J.	DELETED
STREET ADDRESS 11700 S. CICERO AVENUE	CITY-ST-ZIP ALSIP IL	
TITLE SD	NAME TRAINOR, THOMAS D	DELETED
STREET ADDRESS 11700 S CICERO AVE	CITY-ST-ZIP ALSIP IL 60658	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Thomas D Trainor **THOMAS D TRAINOR** Date: 5/1/97 707 239 0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)