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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90143 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K03972

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/1987

4. FEI Number
65-0016189

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DT TRAINOR, ROBERT**

STREET ADDRESS **8336 ARROWHEAD LANE**

CITY-ST-ZIP **ORLAND PARK IL**

TITLE DELETE

NAME **DV PUIG, RICHARD**

STREET ADDRESS **189 HARBORSIDE CIRCLE**

CITY-ST-ZIP **JUPITER FL**

TITLE DELETE

NAME **P TRAINOR, ALMA MAE**

STREET ADDRESS **8336 ARROWHEAD LN**

CITY-ST-ZIP **ORLAND PARK IL**

TITLE DELETE

NAME **D TRAINOR JR., ROBERT J.**

STREET ADDRESS **11700 S. CICERO AVENUE**

CITY-ST-ZIP **ALSIP IL**

TITLE DELETE

NAME **SD TRAINOR, THOMAS D**

STREET ADDRESS **11700 S CICERO AVE**

CITY-ST-ZIP **ALSIP IL 60658**

TITLE DELETE

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 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.

SIGNATURE: Thomas D Trainor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 708-239-0400
 Date Daytime Phone #

CR2E034 (1/198)