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 #

K19317

TM ENERGY, INC.

FILED Mar 03 1998 8:00am Secretary of State

I TRANS BRANS DANS ARMED NAMED	81812 B1834 B1844 B1844 1884

Principal Plac	e of Busines	s	М	ailing Address				
1 .	MERCIAL BLV		2	2400 E COMMERCIAL E SUITE 820	BLVD			
FORT LAUDE	RDALE FL 33	308	F	FORT LAUDERDALE FL	33308			DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 03/28/1988
2. Principal P	Place of Busin	ness	2a.	. Mailing Address				4. FEI Number Applied For
21			26					65-0042141 Not Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
City & State	θ		28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country		Zip	Coi	untry	,	8. This corporation owes or has paid the current year Intangible
24		25	29		30			Personal Property Tax due June 30. Yes No
	9. Name	and Address of Curren	t Regie	tered Agent		\Box		10. Name and Address of New Registered Agent
	ark, thoi					81	Name	
		MERCIAL BLVD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	IITE 820 IRT I AUDFI	RDALE FL 33308				B3		
		115/154 1 6 00000				_		
					,	84	""	FL 85 Zip Code
office or r	registered ac	ions of Sections 607.0502 jent, or both, in the State i ith, and accept the obliga	of Flori	da. Such change was	authorize	od by	/ the corporatio	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
		in, and docept the oblige	iliona o	1, 00000110011001.0000,1	ionda ota	lutot	.	
SIGNATURE	Signature, typed	or printed name of registered agen	nt and title	if applicable (NC	TE: Registers	d Age	ent aignature require	ed when reinstating) DATE
12.		OFFICERS AND	DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP			☐ DELET e	1.1 T	ITLE		Change Addition
NAME		THOMAS M.			1.2 N	AME		
STREET ADDRESS		COMMERCIAL BLVD			1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	FURI L	AUDERDALE FL					T-ZIP	
TITLE				☐ DELETE	2.1 T	TLE		Change Addition
NAME					2.2 N			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP		,		Detere			ST-ZIP	Observe D Addition
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NAME 070000 ADDROGO					3.2 N		4000000	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				☐ DELETE	3.4. C		ST-ZIP	Change Addition
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							ADDRECC	
STREET ADDRESS							ADDRESS 7. 700	
CITY-ST-ZIP TITLE	·			DELETE	5.1 T	ITY-S	I-ZIF	☐ Change ☐ Addition
NAME					5.2 N			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP						IIY-S	1	
TITLE				DELETE	6.1 Ti		: *"	☐ Change ☐ Addition
NAME					6.2 N			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP						///-S	1	
44 16					0.10			Continue 110 07/03(2) Florida Cintutas I Ludhar and Esthal the Information

he 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 that 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 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