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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stafe

DIVISION OF CORPORATIONS

DOCUMENT # K38112

(4)

| T AND F | P ENTERPRISES, INC |) *• | | | | | | | |
|---------------------------------------|---|---|---|---------------------|---------------------------------|---|--|--------------------------------|----------|
| Principal Prace | | Mailing Address | Mailing Address | | | AN 1(16) 1848) LINAL 11816 1184 | 41631 MISTI WIQII WIQI |), MINI MINI (MAI | |
| 3350 23RD AV8 | E SOUTH | 3550 23RD AVE SOUTH #8 | 3550 23RD AVE SOUTH | | | | | | |
| #B Lakeworth F | L 33461 | | LAKE WORTH FL 33461-3207 | | | | | | |
| US | | US | | | | 10/1988 3a. Date of Last Report 04/18/1996 | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | 28. Mailing Address | | | 4. FEI Number Applied For | | | |
| 21 | | 26 | | | 65-007 | 5023 | | Not Applica | |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | | of Status Desired | | .75 Additional see Required | 1 |
| City & State | D | City & State | City & State | | | - : : · · · | | | |
| 23 | u . | | 28 | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | | | | This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 25 | | 29 | | | | Florida Statutes Yes No | | | |
| | 9. Name and Address o | of Current Registered Agent | | | 10. Name an | d Address of New Re | gistered Agent | | |
| MIT | M, LISA | | 8 | 1 Name C | كمدساما | LIS TE | | | |
| | 0 23RD AVE.S #8 | | 8 | 2 Street Add | TO NA ICA dress (P.O. Box No | upper is Not Acceptat | Two const | ats 67 | |
| LAK | E WORTH FL 33461 | | - | 1 61 0 | <u> </u> | in ave | Touth | 4 8 |] |
| • | | 1 | 8 | 3 | Va 111a | An II | 224 | (~ (| |
| | | | 8 | 4 City | HE WO | THE PL | - 85 | Zip Code | |
| , | | \mathcal{P} | | | | | -L | , | |
| 11. Pursignt t | to the provisions of Sections | 607,0502 and 907,1508, Florida Sta | itutes, the abo | ve-named co | rporation submits t | this statement for the prectors. I hereby acces | urpose of chang | ging its register | red |
| agent. La | m familiar with and accept t | the Stale of Forida, such change wa the obligations of Section 607.0505, | Floridy Stant | 85_ | 11 | - RONTIM | | in t as registered | ٦ |
| SIGNATURE 🗲 | 11 m | | - 47 | esc | Sulv. | | _isk_ (9) | HZ | |
| 12. | | gistereo agont a folie II applicable. (6 CERS AND DIRECTORS | | gent signature req | uired when reinstating) | CUANOES TO OFFIC | DATE / | CTODE IN 10 | |
| Title | VPTD | DELETE | 13. | | ADDITIONS | S/CHANGES TO OFFIC | CH | | ition |
| NAME | TIMM, LISA M | _ vicin | 1.2 NAM | | YIP I | 0 | , - | ange Audi | "" |
| STREET ADDRESS | 13757 SHEFFIELD CT | | | ET ADDRESS 1 | 11111111 | Ronald Enefficield | -d- | | 8 |
| C(1Y+S1+24P | WPB FL | | 1.4 City | 1 | 13727 | FLOST SAID | FT | | [] |
| TITLE | | DELETE | 2.1 101).6 | | <u> </u> | P L 3311 | T Ch | nange Addii | ition |
| NAM: | | | 2.2 NAM | E | | | , – | - | |
| STREET ADDRESS | | | 2.3 STRE | ET ADDRESS | | | | | |
| 011Y-\$1-7IP | | | 2. 4 CITY | | | | | | 1 |
| TITLE | | DELETE | 3.1 T(T).E | ******************* | | *************************************** | ☐ Ch | nange 🔲 Addi | ition |
| NAME: | | | 3.2 NAM | E | | | | | |
| STREET ADDRESS | | | 3.3 STAE | ET ADDRESS | | | | | |
| CHY - \$1 - 2#P | | | 3.4. C(1) | -ST-ZIP | | | | F | |
| THUE | | DÉLETE | 4.1 TOTA | | | | ☐ Ch | nangé 🔲 Addi | ition |
| NAME | | | 4. 2 NAN | IE | | | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | | | | |
| CiTY+ST+ZiP | | | 4.4 CITY | | ······ | | | | |
| TITLE | | L) DELETE | 5.1 TITLE | | | | L Ch | nange L. Addi | tion |
| NAM8 | | | 5.2 NAM | | | | | | |
| STREET ADDEESS | | | | FT ADDRESS | | | | | |
| CITY-ST-7IP | | DELETE | 5.4 City | | | | 110 | nange Addi | ition |
| TITLE | | LJ UELETE | 6.1 TOLE | | | | L C | nange 🔲 Addi | RIDH |
| NAM? | | | 6.2 NAM | | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | 11 | | | | |
| CITY-S1-ZIP | y certify that the information | supplied with this filling does not a | 6.4 City | | ed Section 119 (| 7(3)(i) Florida Statuto | s. I further certifi | v that the | \dashv |
| informatio Lam an of appears in | on indicated on this annual refficer or director of the corporn Block 12 or Block 13 if cha | i supplied with this filing does not que eport or supplemental annual report pration or the receiver or trustee emp auged, or on an attachment with an a | is true and ac basered to ex- ado ess | curate and the | ort as required by | all have the same lega Chapter 607, Florida S | il effect as if mai statutes; and tha | de under oath; t my name | that |

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.97.97

561-542-9599

FILED

Feb 24 1997 8:00am

Secretary of State