

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # K50896 (5)**

1. Corporation Name  
**TYG MARKETING, INC.**



Principal Place of Business: **541 S STATE RD 7 STE 7  
MARGATE FL 33068  
US**

Mailing Address: **441 S STATE RD 7 STE 7  
MARGATE FL 33068  
US**

3. Date Incorporated or Qualified: **12/13/1988**

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

4. FEI Number: **65-0089109**

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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

**9. Name and Address of Current Registered Agent**

**SMITH, PAULA M.  
541 S STATE RD 7 STE 6  
MARGATE FL 33068**

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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	DV	<input type="checkbox"/> DELETE
NAME	ASHFORD, FRANK	
STREET ADDRESS	541 S STATE RD 7 STE 7	
CITY-ST-ZIP	MARGATE FL	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	SMITH, PAULA	
STREET ADDRESS	541 S STATE RD 7 STE 7	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, TIMOTHY P.	
STREET ADDRESS	541 S STATE RD 7 STE 7	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MADDEN, MARGARET	
STREET ADDRESS	1 N UNIVERSITY DR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOCHBURG, EVELYN	
STREET ADDRESS	2018 SW 29TH CT 6A2	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILBERT-ROSE, ELLEN	
STREET ADDRESS	2101 N ANDREWS, STE 200	
CITY-ST-ZIP	FT. LAUDERDALE FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paula Smith* **PAULA Smith** 7/19/96 954-968-1660

CR2E034 (3/96)