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1997 SEP -2 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
**541
444 S STATE RD 7 STE 7
MARGATE FL 33068-1804
US**

3. Date Incorporated or Qualified **12/13/1988** 3a. Date of Last Report **07/24/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0089109

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** DELETE
NAME **ASHFORD, FRANK**
STREET ADDRESS **541 S STATE RD 7 STE 7**
CITY-ST-ZIP **MARGATE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **400002283424--2**
1.4 CITY-ST-ZIP **-09/03/97--0101--019**
******165.00 ****165.00**

TITLE **PDC** DELETE
NAME **SMITH, PAULA**
STREET ADDRESS **541 S STATE RD 7 STE 7**
CITY-ST-ZIP **MARGATE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** DELETE
NAME **SMITH, TIMOTHY P.**
STREET ADDRESS **541 S STATE RD 7 STE 7**
CITY-ST-ZIP **MARGATE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **MADDEN, MARGARET**
STREET ADDRESS **1 N UNIVERSITY DR.**
CITY-ST-ZIP **PLANTATION FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **HOCHBURG, EVELYN**
STREET ADDRESS **2018 SW 29TH CT 6A2**
CITY-ST-ZIP **DELRAY BEACH FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **GILBERT-ROSE, ELLEN**
STREET ADDRESS **2101 N ANDREWS, STE 200**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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.

Paula M. Smith

7/26/97 954-968-1660

CR2E034 (9/96)