

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

FILED

Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K50922** (9)
1. Corporation Name
TBC ENTERPRISES, INC.



Principal Place of Business 432 CARMINE DR COCOA BCH FL 32931 US	Mailing Address C/O ACCOUNTING & BUSINESS CONSULTANTS 790 E. BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301-9077
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1988	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0086789		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**CUETO, BEATRIZ C.
432 CARMINE DRIVE
790 E. BROWARD BLVD., SUITE 302
COCOA BCH FL 32931**

81 Name Cueto, Beatriz C.
82 Street Address (P.O. Box Number is Not Acceptable) 432 Carmine Drive
83
84 City Cocoa Beach
85 Zip Code FL 32931

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 *Beatriz C. Cueto* (NOTE: Registered Agent signature required when reinstating) DATE *3/12/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CUETO, BEATRIZ C.		12 NAME	
STREET ADDRESS 432 CARMINE DR		13 STREET ADDRESS	32931
CITY - ST - ZIP COCOA BEACH FL		14 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	21 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CUETO, ANTONIO		22 NAME	
STREET ADDRESS 432 CARMINE DR		23 STREET ADDRESS 32931	
CITY - ST - ZIP COCOA BEACH FL		24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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.

SIGNATURE: *Beatriz C. Cueto* *3/12/98*

CR2E034 (10/97)