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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	A STATE OF THE STA	DIVISION OF	CORPORATIONS				
DOCU 1. Corporation	MENT #	L62142	(9)					
TFXB,	INC.				1 1861 1861 BIO BIOLO FIEDE IND	A ALAIA NEL BLON	NON OLDAN OLDAN	Giðli Giðir 1861
Principal Place	e of Business		Mailing Address					
% THOMAS	F. BOILEAU		% THOMAS F. BOILEA	li				
2370 NW 73	AVE		2370 NW 73 AVE					
SUMPLISE FL	. 33313		SUNRISE FL 33313		3. Date incorporated or Qual	ified 3a. Da	ite of Last R	hooe
					04/04/1990		04/19/199	
	lace of Business	p	a. Mailing Address		4, FEI Number	L		Applied For
Suite, Apt.	# oto	26	-J		65-0181832			Not Applicable
22	#, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desire	ed []		Additional Required
City & State	e		City & State		6. Election Campaign Finance	- ·		D May Be
23		28			Trust Fund Contribution			d to Fees
- <i>Х</i> ф Пл	├	ountry	. Zip	Country	8. This corporation has liabilit		tax under s	199.032,
24	25 25 Name and A	29 ddress of Current Reg		30	Florida Statutes 10. Name and Address of N	Yes No		
		doi: our current rieg	otored Agent	81 Name	TO. Name and Address of N	iew Hegistere	Agent	
BOIL EAL	U, THOMAS F.							
	W 73 AVE			82 Street Ad	ddress (P.O. Box Number is Not Acc	eptable)		
SUNRIS	E FL 33313			83		•		
				84 City			85 Zış	Code
				J • J • N,		FI	65 41	COGE
44 F2							-	
or register	reu agent, or bom, ir	i ine State of Florida. Su	ch change was authorize	ed by the corporation's b	poration submits this statement for the			egistered office
familiar wi	reu agent, or bom, ir	Sections 607.0502 and 6 n the State of Florida. Su bligations of, Section 60	ch change was authorize	ed by the corporation's b	poration submits this statement for the oard of directors. I hereby accept the			egistered office agent. I am
familiar wi	red agent, or both, in ith, and accept the o	i ine State of Florida. Su	on change was authorize 7.0505, Florida Statutes.	ed by the corporation's b ·	oard of directors. I hereby accept the	ne riurpose of c appointment a		agent. I am
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certify that the information indicated on this arriver report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the supportation 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 attaching plawith an address.

SIGNATURE: SIGNATURE AND TYPED OR

4-9-96 954-748-2039