


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 22 PM 3:38

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L97000000877
TMG INTERNATIONAL, L.C. 3700 W. LAKE HAMILTON DR. WINTER HAVEN FL 33881	

1a. Principal Place of Business Address 3700 W. LAKE HAMILTON DR. WINTER HAVEN FL 33881
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2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 08/08/1997	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3466224	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State			
Zip	Country	Zip	Country	5. Date of Last Report 03/02/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent PLATI, VINCE 3700 W. LAKE HAMILTON DR. WINTER HAVEN FL 33881	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

2-25-99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PLATI, VINCE	3700 W. LAKE HAMILTON DR.	WINTER HAVEN FL
MGR	<del>SYLVESTRI, FABRIZIO</del>	<del>3700 W. LAKE HAMILTON DR.</del>	<del>WINTER HAVEN FL</del>
MGR	Plati, Larry	3700 W. Lake Hamilton Dr.	Winter Haven, FL.

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\*\*\*\*377.50 \*\*\*\*188.75

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Larry Plati

2-25-99

941-422-8755