

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L97433 (1)**

1. Corporation Name
TVREI, INC.



Principal Place of Business: **245 CROWN-OAKS WAY LONGWOOD FL 32779 US**
Mailing Address: **PO BOX 30211 PALM BCH GONS FL 33420 US**

3. Date Incorporated or Qualified: **08/22/1990**
3a. Date of Last Report: **04/10/1995**

| | | | | | | | | | | | | | |
|-------------------------------|----|---------------------|----|-------------------|----|--------------------------|----|--------------------------|----|---|----------------------------------|--|---|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 4. FEI Number | 5. Certificate of Status Desired | 6. Election Campaign Financing Trust Fund Contribution | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |
| Principal Place of Business | | Mailing Address | | Applied For | | Not Applicable | | Applied For | | Not Applicable | | Not Applicable | |
| 4521 PGA BLVD #201 | | PO BOX 30211 | | 65-0217829 | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Palm Beach Gardens, FL | | FL | | 33418 | | US | | US | | <input type="checkbox"/> | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 33418 | | US | | 33418 | | US | | US | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent
**VOSILLA, JOHN
4521 PGA BLVD
STE 201
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent
81 Name: **S.A. TARR**
82 Street Address (P.O. Box Number is Not Acceptable): **4440 PGA BLVD.**
83 **#206**
84 City: **Palm Beach Gardens, FL** 85 Zip Code: **33410**

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]* **S.A. TARR** DATE: **2/5/96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOSILLA, JOHN | 1.2 NAME | |
| STREET ADDRESS | 4521 PGA BLVD #201 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PALM BEACH GARDENS FL 33418 | 1.4 CITY - ST - ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TARR, STEVEN | 2.2 NAME | |
| STREET ADDRESS | P.O. BOX 30211 N/A | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PALM BEACH GARDENS FL 33420 | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

300001743279
-03/14/96--01077--004
***200.00

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

SIGNATURE: *[Signature]* DATE: **2/5/96** DAYTIME PHONE #: **407-622-3386**

CR2E034 (12/95)