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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90041 025 ***163.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M41813

1. Corporation Name
T.R.G. ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~33 NE 2ND ST~~
~~STE 200~~
~~FT LAUDERDALE FL 33307~~
~~US~~

5250 NW 74TH TERR
LAUDERHILL FL 33319
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1986

2. Principal Place of Business

2a. Mailing Address

21 5250 N.W. 74TH TERR.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 LAUDER HILL FL.

28

Zip Country
24 33319 25 U.S.A.

Zip Country
29 30

4. FEI Number

Applied For

59-2745445

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWE, OSMOND C. JR G

~~FIRST UNION FINANCIAL CENTER 33RD FLOOR-~~
~~200 SOUTH DISCAYNE BLVD-~~
~~MIAMI FL 33131~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

COURVOISIER CENTER I, SUITE 50A

83

501 BRICKER KEY DRIVE

84

City **MIAMI**

FL

85

Zip Code
33131

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 **DP** ☐ DELETE
NAME **GIBB, THOMAS R.**
STREET ADDRESS **5250 N.W. 74TH TERRACE**
CITY-ST-ZIP **LAUDERHILL FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE
NAME **GIBB, BEVERLEY A**
STREET ADDRESS **5250 N.W. 74TH TERRACE**
CITY-ST-ZIP **LAUDERHILL FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS R GIBB 1/12/99 1-954-746-7881

Date

Daytime Phone #

CR2E034 (11/98)