

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

0000764

99 AUG -3 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                       |                                                                                   |                                                                                                          |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # **M94667**

1. Corporation Name

**TTGTRS, INC.**

Principal Place of Business

**2188 SPRINT BLVD.  
APOPKA FL 32703  
US**

Mailing Address

**2364 WELTON PL  
DUNWOODY GA 30338  
US**



**04-22-99 90059 011 \$150.00**  
DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |                                                                                                                                  |  |
|--------------------------------|---------------------|---------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>08/12/1988</b>                                                                           |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>58-1807809</b>                                                                                               |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                  |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees               |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**FINKEL, TED S.  
1340 PALMETTO AVE.  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name **Corporate Access, Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable) **236 EAST G ST AVE**  
83 **T**  
84 City **TALLAHASSEE** FL 85 Zip Code **32303**

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 amending)

DATE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>PD</b>                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MESQUITA, JEFFREY</b>    | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>2364 WELTON PL</b>       | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             | <b>DUNWOODY GA 30338</b>    | 1.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      | <b>SD</b>                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HUNTER, JOHN R.</b>      | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>2188 SPRINT BLVD</b>     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             | <b>APOPKA FL 32703</b>      | 2.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      | <b>SDC</b>                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FINKEL, TED S.</b>       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1340 PALMETTO AVE.</b>   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             | <b>WINTER PARK FL 32789</b> | 3.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                             | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                             | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                             | 4.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                             | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                             | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                             | 5.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                             | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                             | 6.4 CITY-STATE-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:

**Jeffrey Mesquita**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/22/99 770-458-2229**

CR2E034 (5/99)