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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P07318 (9)

1. Corporation Name

TPI ENTERPRISES, INC.



Principal Place of Business

777 S FLAGLER PHILLIPS POINT
EAST TOWER, STE 909
WEST PALM BCH FL 33401
US

Mailing Address

777 S FLAGLER PHILLIPS CT
EAST TOWER STE 909
WEST PALM BEACH FL 33401
US

3. Date Incorporated or Qualified
10/01/1985

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 3950 RCA BLVD.
Suite Apt #, etc

26 3150 RCA BLVD.
Suite Apt #, etc

22 STE 5001
City & State

27 STE 5001
City & State

23 PALM BEACH GARDENS, FL
Zip

28 PALM BEACH GARDENS, FL
Zip

24 33410 25 USA
Country

29 33410 30 USA
Country

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of person named as registered agent (to be filled in)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1. 1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP 2. 1. TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP 3. 1. TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP 4. 1. TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP 5. 1. TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP 6. 1. TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

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 on Block 12 or Block 13 if applicable, or on an amendment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK W. BURFORD

DATE

1/31/96

TELEPHONE

407-691-8800

CR2E034 (12/95)