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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3150 RCA BOULEVARD
5001
PALM BEACH GARDENS FL 33410-3235
US

3. Date Incorporated or Qualified
10/01/1985

3a. Date of Last Report
02/13/1996

2. Principal Place of Business

21 P.O. Box 382 460

Suite, Apt. #, etc.

22

City & State

23 GERMANTOWN, TN

Zip

24 38183

Country

25 USA

2a. Mailing Address

26 P.O. Box 382 460

Suite, Apt. #, etc.

27

City & State

28 GERMANTOWN, TN

Zip

29 38183

Country

30 USA

4. FEI Number
22-1890681

Applied For
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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC
3950 RCA BOULEVARD
SUITE 5001
PALM BEACH GARDENS FL 33410

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 607.1508, 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

TITLE	DTV	<input type="checkbox"/> DELETE
NAME	BURFORD, FREDERICK W.	
STREET ADDRESS	3150 RCA BOULEVARD, SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHARP, GARY	
STREET ADDRESS	3150 RCA BOULEVARD, SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIU, PAUL	
STREET ADDRESS	3150 RCA BOULEVARD, SUITE 5001	
CITY-ST-ZIP	PALM BECH GARDENS FL	
TITLE	SEV	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, ROBERT.	
STREET ADDRESS	3150 RCA BOULEVARD, SUITE 5001	
CITY-ST-ZIP	PALM BECH GARDENS FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, STEPHEN R.	
STREET ADDRESS	777 S FLAGLER PHILLIPS PT E. TOWER STE 909	
CITY-ST-ZIP	WEST PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK W. BURFORD

4/3/97

901-529-3140

CR2E034 (9/96)