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Apr 08 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 # P12639 (1)

1. Corporation Name
TGMD, INC.

Principal Place of Business

6137 BEACONWOOD RD. LAKE WORTH. FL 33467
P.O. BOX 18551
WEST PALM BEACH FL 33416

Mailing Address

6137 BEACONWOOD RD. LAKE WORTH. FL 33467
P.O. BOX 18551
WEST PALM BEACH FL 33416-8551



3. Date Incorporated or Qualified 12/22/1986
3a. Date of Last Report 03/22/1996

4. FEI Number 59-2764161
Applied For Not Applicable

6. 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MANTALIS, GEORGE & JEAN
6137 BEACONWOOD RD.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name GEORGE & JEAN MANTALIS
82 Street Address (P.O. Box Number Is Not Acceptable) 6137 BEACONWOOD RD.
83 LAKE WORTH, FL 33467
84 City LAKE WORTH, FL 85 Zip Code 33467

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	PVD	<input type="checkbox"/> DELETE
NAME	MANTALIS, GEORGE	
STREET ADDRESS	6137 BEACONWOOD RD.	
CITY - ST - ZIP	LAKE WORTH FL 33467	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MANTALIS, GEORGE	
STREET ADDRESS	6137 BEACONWOOD RD	
CITY - ST - ZIP	LAKE WORTH FL 33467	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MANTALIS, MICHAEL	
STREET ADDRESS	6137 BEACONWOOD RD	
CITY - ST - ZIP	LAKE WORTH FL 33467	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANTALIS, TAMARA	
STREET ADDRESS	6435 ROCK CREEK DR	
CITY - ST - ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MANTALIS, GEORGE & JEAN	
1.3 STREET ADDRESS	6137 BEACONWOOD RD.	
1.4 CITY - ST - ZIP	LAKE WORTH, FL 33467	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MANTALIS, GEORGE & JEAN	
2.3 STREET ADDRESS	6137 BEACONWOOD RD.	
2.4 CITY - ST - ZIP	LAKE WORTH, FL 33467	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	LAKE WORTH, FL 33467	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MANTALIS, TAMARA	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	LAKE WORTH, FL 33467	
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 if changed, or on an attachment with an address.

SIGNATURE: George Mantis - Jean Mantis 2/6/97 561-964-6330
561-582-8600

CR2E034 (9/96)