## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## **FILED** Apr 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name TGMD, INC. Principal Place of Business Mailing Address 6137 BEACONWOOD RD, LAKE WORTH, FL 33467 6137 BEACONWOOD RD. LAKE WORTH, FL 33467 P.O. BOX 18551 P.O. BOX 18551 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33416 WEST PALM BEACH FL 33416 3. Date Incorporated or Qualified 12/22/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2764161 21 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Cortificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name **GEORGE & JEAN MANTALIS** 6137 BEACHWOOD ROAD 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 **B3** 84 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstaing) Signations, typic of organization and of registered agent and tale it appreciation OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change THILE 1.1 1111.6 Addition MANTALIS, GEORGE & JEAN CR2E034 NAME 1.2 NAME 6137 BEACONWOOD RD. 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELETE Change Addition TITLE 21 TITLE MANTALIS, GEORGE & JEAN NAME 2.2 NAME 6137 BEACONWOOD RD STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP 2 4 CHY-S1-ZIP Addition DELETE 3.1 Tille TITLE MANTALIS, MICHAEL 3.2 NAME NAME 6137 BEACONWOOD RD STREET ADDRESS 3.3 STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP 3.4 CITY-S1-ZIP DLITTE Change Addition TITLE 4.1 TITLE MANTALIS, TAMARA NAME 4, 2 NAME 6435 ROCK CREEK DR 4.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 4.4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELFTE TITLE 5.11IItE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 suppliencental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trusted 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 uttachment with an address.

6.4 CITY - ST - ZIP

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

DELFTE

TrTLE NAME

STREET ADDRESS CITY-ST-ZIP

2/16/98

Addition

Change