

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P18501** (7)

1. Corporation Name  
**T/F SYSTEMS, INC.**



Principal Place of Business: **3020 HIGH RIDGE RD STE 100 BOYNTON BEACH FL 33426 US**  
Mailing Address: **3020 HIGH RIDGE RD STE 100 BOYNTON BEACH FL 33426 US**

3. Date Incorporated or Qualified <b>03/21/1988</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>58-1755990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

**9. Name and Address of Current Registered Agent**

**FORD, RICHARD C.  
14402 CYPRESS ISLAND CT  
PALM BEACH GARDENS FL 33410**

**10. Name and Address of New Registered Agent**

81 Name <b>Richard C. Ford</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>41 Grand Bay Circle</b>
83
84 City <b>Juno Beach</b>
85 State <b>FL</b>
86 Zip Code <b>33408</b>

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 on this form (Note: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P/S/D/T/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FORD, RICHARD C.</b>		1.2 NAME <b>Ford, Richard C.</b>	
STREET ADDRESS <b>14402 CYPRESS ISLAND CT</b>		1.3 STREET ADDRESS <b>41 Grand Bay Circle</b>	
CITY-ST-ZIP <b>PALM BCH GARDENS FL 33410</b>		1.4 CITY-ST-ZIP <b>Juno Beach, FL 33408</b>	
TITLE <b>EVP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FREEDMAN, LARRY</b>		2.2 NAME	
STREET ADDRESS <b>3020 HIGH RIDGE RD. STE. #100</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOYNTON BEACH FL 33426</b>		2.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FORD, RICK</b>		3.2 NAME	
STREET ADDRESS <b>3020 HIGH RIDGE RD. STE.#100</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOYNTON BEACH FL 33426</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEFEBURE, BYRON</b>		4.2 NAME	
STREET ADDRESS <b>3020 HIGH RIDGE RD. STE. #100</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOYNTON BEACH FL 33426</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 supplement 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: *Richard C. Ford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/96

407-547-9499  
Daytime Phone

CR2E034 (12/95)