

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
 03/21/1988

4. FEI Number
 58-1755990

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

FORD, RICHARD C.
 41 GRAND BAY CIRCLE
 JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PDST <input type="checkbox"/> DELETE
NAME	FORD, RICHARD C.
STREET ADDRESS	41 GRAND BAY CIRCLE
CITY-ST-ZIP	JUNO BEACH FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	FORD, RICK
STREET ADDRESS	3020 HIGH RIDGE RD. STE. #100
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LEFEBURE, BYRON
STREET ADDRESS	3020 HIGH RIDGE RD. STE. #100
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	No change
1.3 STREET ADDRESS	3020 High Ridge Rd, Suite 100
1.4 CITY-ST-ZIP	Boynton Beach, FL 33426
2.1 TITLE	Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alan Sandler
2.3 STREET ADDRESS	3020 High Ridge Rd, Suite 100
2.4 CITY-ST-ZIP	Boynton Beach, FL 33426
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 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: _____ Alan T Sandler (561) 547-9099

CR2E034 (5/98)