


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

APPROVED
AND
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1997 MAY -5 PM 1: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P22014 (5)		
1. Corporation Name TCG MIAMI, INC.		

Principal Place of Business ONE TELEPORT DRIVE STATEN ISLAND NY 10311	Mailing Address ONE TELEPORT DRIVE STATEN ISLAND NY 10311-1000
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/1/88		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME CVPD SCARPATI, JOHN				1.2 NAME 700002167217--8			
STREET ADDRESS 28 JEFFERSON COURT				1.3 STREET ADDRESS -05/06/97--01055--003			
CITY-ST-ZIP FREEHOLD NJ				1.4 CITY-ST-ZIP ****550.00 ****550.00			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME CD ANNUNZIATA, ROBERT				2.2 NAME			
STREET ADDRESS 17 RED COACH LANE				2.3 STREET ADDRESS			
CITY-ST-ZIP HOLMDEL NJ				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME VPS THOMSON, JOHN W				3.2 NAME			
STREET ADDRESS 110 HURON DR				3.3 STREET ADDRESS			
CITY-ST-ZIP CHATHAM NJ				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SVPD ATKINSON, ROBERT C				4.2 NAME			
STREET ADDRESS 73 LAUREL DRIVE				4.3 STREET ADDRESS			
CITY-ST-ZIP NEW PROVIDENCE NJ				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SVP HANSEN, ALF T				5.2 NAME			
STREET ADDRESS 13 CENTERBURY COURT				5.3 STREET ADDRESS			
CITY-ST-ZIP WARREN NJ				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 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: _____
Signature: typed or printed name of signing officer or director. Date: **5/1/97** Daytime Phone #: **118 355 2150**

CR2E034 (9/96)