

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P34556**

(1)

1. Corporation Name

THE TINGLE GROUP, INC.



Principal Place of Business

**1330 ADAMS ST.
HOLLYWOOD FL 33019-1805**

Mailing Address

**1330 ADAMS ST.
HOLLYWOOD FL 33019-1805**

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

Country

29

30

9. Name and Address of Current Registered Agent

**TINGLE, CAROLYN
1330 ADAMS ST.
HOLLYWOOD FL 33019-1805**

3. Date Incorporated or Qualified

06/26/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

54-1406374

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 officer or director)

(If 11B, Register Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DC
COOPER, CHRISTINA
203 MADISON AVE.
HAMILTON VA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DVC
DE ROSA, ANTONIO
P.O. BOX 163091 N/A
ALTAMONTE SPRINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**P
DE ROSA, CAROLYN T.
1330 ADAMS ST.
HOLLYWOOD FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VP
DE ROSA, JULIANA
46862 TRUMPET CIRCLE
STERLING VA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**S
VAUGHN, ANDREA
7600 LAKESIDE VILLAGE DRIVE
FALL CHURCH VA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

**DC
COOPER, CHRISTINA
17582 MADISON AVE
HAMILTON VA**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

**DVC
DE ROSA, ANTONIO
P.O. BOX 1894
MINNEOLA, FL 34755**

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

**VP
DE ROSA, JULIANA**

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

**VP
DE ROSA, JULIANA
637 TAMMY TERRACE
KEESBURG, VA 22075**

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

**S
VAUGHN, ANDREA**

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

**S
VAUGHN, ANDREA**

☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN T. DE ROSA

4/9/96

954 929 9749

CR2E034 (12/95)