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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secrétary of State DIVISION OF CORPORATIONS

DOCUMENT # P 39979

TSG PROFESSIONAL SERVICES, INC.

Principal Place of Business 177 CROSSWAYS PARK DRIVE WOODBURY NY 11797

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

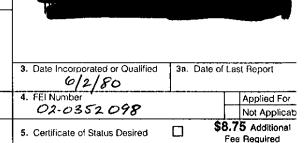
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177 CROSSWAYS PARK DRIVE WOODBURY NY 11797-2016

FILED Jun 11 1997 8:00am Secretary of State



8. This corporation has liability for intangible tax under s. 199,032,

Yes No

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

Country

	63	
	84	City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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.		

10. Name and Address of New Registered Agent

6. Election Campaign Enancing

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ____ onange ____ Additi TITLE 1.1 TITLE STEPHEN I. EVANOFE NAME 1.2 NAME 177 CROSSWAYS PARK DRIVE STREET ADDRESS 1.3 STREET ADDRESS **WOODBURY NY 11797** CITY-ST-ZIP 1.4 CITY-ST-ZIP Additi DELETE Change TITLE 2.1 TITLE CALABRO, ROBERT NAME 2.2 NAME 177 CROSSWAYS PARK DRIVE STREET ADDRESS 2.3 STREET ADDRESS WOODBURY NY 11797 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DÉLETE Change Additi TITLE 3.1 TOTLE REINECKE, MIKE NAME 3.2 NAME 177 CROSSWAYS PARK DRIVE STREET ADDRESS 3.3 STREET ADDRESS **WOODBURY NY 11797** CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Additi TITLE 4.1 TITLE DRUCKMAN, MICHAEL NAME 4.2 NAME 177 CROSSWAYS PARK DRIVE STREET ADDRESS 4.3 STREET ADDRESS WOODBURY NY 11797 CITY-ST-ZIP 4.4 CITY - ST - ZIP AUP DELETE Change TITLE 5.1 TITLE ROBERT CALABRO 5.2 NAME 177 CROSSWAYS PARK DRIVE 5.3 STREET ADDRESS STREET ADDRESS WOODBURY, NY 11797 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE 1000002213371 -06/16/97--01146--000 NAME 6.2 NAME

Country

81

Name

30

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 each that an entire 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AUP-TAKES Y/2/5