

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000015166 (0)

1. Corporation Name

T.B.I. MANAGEMENT CORPORATION

Principal Place of Business

100 E SAMPLE RD
STE 120
POMPANO BCH FL 33064
US

Mailing Address

100 E SAMPLE RD
STE 120
POMPANO BCH FL 33064-3548
US

3. Date Incorporated or Qualified

03/01/1993

3a. Date of Last Report

06/12/1996

4. FEI Number

65-0390337

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

2. Principal Place of Business

21 2310 NE 33rd St

Suite, Apt. #, etc.

22

City & State

23 Lighthouse Pt, FL

Zip

24 33064

Country

25 Broward

2a. Mailing Address

26 2310 NE 33rd St

Suite, Apt. #, etc.

27

City & State

28 Lighthouse Pt, FL

Zip

29 33064

Country

30 Broward

9. Name and Address of Current Registered Agent

DAILY, NANCY K
100 EAST SAMPLE RD
STE 120
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent

81 Name

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

2310 NE 33rd St

83

84 City

LIGHTHOUSE Pt

FL

85 Zip Code

33064

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

Nancy K. Dailey
Signature of registered agent or printed name of registered agent and title (if applicable)

Nancy K. Dailey
(NOTE: Registered agent signature required when reinstating)

1/11/97
Date

12. OFFICERS AND DIRECTORS

TITLE PSTV ☐ DELETE
NAME DAILEY, NANCY K
STREET ADDRESS 100 E SAMPLE RD
CITY-ST-ZIP POMPANO BCH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2310 NE 33rd St
1.4 CITY-ST-ZIP LIGHTHOUSE Pt, FL 33064

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Nancy K. Dailey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy K. Dailey *1/11/97* (954) 942-6724
Date Daytime Phone #

CR2E034 (9/96)