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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FI ORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P93000031395 (5)

TOTAL QUALITY MARKETING INTERNATIONAL, INC.

Principal Place of Business Mailing Address 337 BRAZILIAN AVE. 337 BRAZILIAN AVE. PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1993 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For Not Applicable 21 65-0407439 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zφ 8. This corporation owes or has paid the current year Intanglole Personal Property Tax due June 30. Yes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STEELE, JAN 337 BRAZILIAN AVE 82 Street Address (P.O. Box Number is Not Acceptable) PALM BCH FL 33480 83 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE TITLE 1.1 TITLE Change Addition STEELE, JAN R NAME 1.2 NAME 337 BRAZILIAN AVE. 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY - ST - ZIP 1.4 CITY - ST- ZIP DELETE Change 2 1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-SI-ZIP 2 4 CITY-ST-ZIP DELFTE Addition 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-ZIP

6.4 CITY - \$1 - 7IP 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 suppliemental 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

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CiTY - ST - ZIP

6.3 STREE1 ADDRESS

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address

Change

Change

Change

Addition

Addition

Addition

FILED

Feb 10 1998 8:00am

Secretary of State