

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:55

DOCUMENT # P93000035497 (5)

1. Corporation Name

T.C. INVESTORS, INC.

Principal Place of Business

5055 COLLINS AVE.
 APT. 8G
 MIAMI BEACH FL 33140

Mailing Address

5055 COLLINS AVE.
 APT. 8G
 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1993

3a. Date of Last Report

08/02/1994

4. FEI Number

65-0405319

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. 193.002,
 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 ~~APT 8G~~ 939 Coast Blvd

2a. Mailing Address

26 939 Coast Blvd

Suite, Apt. #, etc.

22 21D

Suite, Apt. #, etc.

27 21D

City & State

23 LA JOLLA, CA

City & State

28 LA JOLLA, CA

Zip

24 92037

Country

25 U.S.

Zip

29 92037

Country

30 U.S.

9. Name and Address of Current Registered Agent

SHORE, ALLAN H
 1221 BRICKELL AVE.
 C/O GREENBERG, TAURIG
 MIAMI FL 33131

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
 NAME MARLIN, ROBERT
 STREET ADDRESS 5055 COLLINS AVE., APT. 8G
 CITY, ST, ZIP MIAMI BEACH FL 33140

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

11 TITLE D
 12 NAME MARLIN, Robert
 13 STREET ADDRESS 939 Coast Blvd 21D
 14 CITY, ST, ZIP LA JOLLA, CA 92037

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ 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 110.07(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:

Robert MARLIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/95 619 459 4441
 Date System Phone #

CR2E034 (3/95)