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

Mailing Address

STE S

Zip

29

4700 SHERIDAN ST

2a. Mailing Address

City & State

Suite, Apt. #, etc.

HOLLYWOOD FL 33021

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049795

Country

9. Name and Address of Current Registered Agent

Corporation Name

THOMAS M. INC.

Principal Place of Business

2. Principal Place of Business

4700 SHERIDAN ST

HOLLYWOOD FL 33021.

Suite, Apt. #, etc.

City & State

STE S

21

22

23

24

Zip

### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Number	MEARS, THOMAS			81	Name			
BOCA RATON FL 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, and an arrangement agent, or both, in the State of Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DPS NAME 12. NAME 13. STREET ADDESS OTTY-51-2P TITLE DPS NAME 14. OTTY-51-2P TITLE DELETE 13. TITLE DELETE 13. TITLE DELETE 14. OTTY-51-2P TITLE DELETE 22. NAME 22. NAME 33. STREET ADDESS OTTY-51-2P TITLE DELETE 34. OTTY-51-2P TITLE DELETE 34. TITLE Change Addition Addition Addition Addition Addition Addition Addition AMME STREET ADDESS OTTY-51-2P TITLE DELETE 51. TITLE Change Addition Addition AMME STREET ADDESS OTTY-51-2P TITLE DELETE 51. TITLE Change Addition Addition Addition Addition Addition Addition AMME STREET ADDESS OTTY-51-2P TITLE DELETE 51. TITLE Change Addition Addition Addition Addition Addition Addition Addition Addition AMME STREET ADDESS OTTY-51-2P TITLE DELETE 51. TITLE Change Addition Addition Addition Addition Addition Addition Addition AMME STREET ADDESS OTTY-51-2P TITLE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFIC				82	82 Street Address (P.O. Box Number is Not Acceptable)			
### City ### 15 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 lits registered agent. I am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. #### Signature lyand or protest raise of inspirated agent set that is explained agent agen				93			•	
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 agent, to mit an arrange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, to mit familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Typed or printed name of impairated agent are title a applicable. (NOTE: Registered Agent agenture required when remitting) DATE				03				
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 Statuture. Signature						FL		
Signature, typed or primed name of ingistered spent and title if applicable. (NOTE Registered Agent agrature recristering)	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							
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Country

30

Y-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

954-967-0369

FILED

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90199 028 ***150.00

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

07/12/1993

65-0419987

4. FEI Number

DO NOT WRITE IN THIS SPACE

 \Box

Applied For

\$8.75 Additional

Fee Required...

\$5.00 May Be

Added to Fees

Yes

Not Applicable