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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300066525 (5)

T.E.M. ASSOCIATES INC.

FILED May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address "8370 NW 38 PLACE" *8370 NW 30 PLACE SUMPHOE FL 33351_ -SUNRISE FL 93351-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1993 2. Principal Place of Business 244 S.W. PAGODA TELL 2a. Mailing Address 26 244 S.W. PAGODA TEXK 4. FEI Number Applied For 65-0438052 Not Applicable Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State
28 PORT ST. LUCIE FL 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country ST. LUCIE Country ST. LUCIE 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MORAN, MICHAEL C 9370 NW 88 PLACE 82 -SUNPISE FL 83351 83 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 mane of registered agent and the if applicable (NOTE: Registered Agent signature recipired when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE MORAN, MICHAEL C 1.2 NAME 244 SIW. PAGODA TEXR -9370 NW 38 PLACE STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 34984 SUNRISE PL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 2.1 TITLE MORAN, ELLEN C NAME 2.2 NAME 244 S.W. PAGODA TEXX **9370 NW 38 PLACE** STREET ADDRESS 2.3 STREET ADDRESS PORT ST. LUCIE FL 34984 -- SUNRISE FL CITY-ST-ZIP 2. 4 C(1Y - ST - Z(P DELETE Change Addition TITLE 3.1 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Channe Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-\$1-ZIP

14. Thereby 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 trustogen powered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it chaptered for the property of the corporation or the receiver or trustogen powered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ai

CICNATUDE:

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