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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000072008 (4)

T.G.P. PROPERTIES, INC.

FILED Apr 27 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Address		1 IODIROOF ILE IDIOD MILL BOIN DENN DENN DENN	te Mätti lämin linen massi mani		
1440 SHEAFE	AVE	1440 SHEAFE AVE					
1089		109		DO NOT INDITE			
PALM BAY FL 32905		PALM BAY FL 32905		DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualified			
6 Drivered Di	and Business	2a. Mailing Address		09/23/1993 4. FEI Number	lan	plied For	
	ace of Business		26	59-3206907	⊢	t Applicable	
Suite, Apt.	70 X 7.5	Suite, Apt, #, etc.			- \$9.75 /	::	
22	, 010.	27		5. Certificate of Status Desired	Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
	resville NC	28 WAYNES VIL	lle NC	Trust Fund Contribution	Added t		
Zip	Country	710	Country	This corporation owes or has par	id the current year Int	angible	
24 287	86 25 HAJWOOD	29 28 786	30 HAYCUC	Personal Property Tax due June) No	
	9. Name and Address of Curre	nt Registered Agent	l	10. Name and Address of New Re	gistered Agent		
PAS	SAPAE, THOMAS G		81 Name	DASSAPAE, Thom	ac L.		
1440 SHEAFE AVE#109			82 Street A	ddress (P.O. Box Number is Not Acceptab	ole)		
	M BAY FL 32905		5	31 ALLHAMBRA		****	
			83	De 1/2-6-1- Ro.	a G		
			84 City	WIAN HATTOUT DE	85 Zip (Code	
			[],		کة ا `` FL	937	
11. Pursuant t	o the provisions of Sections 697.05	02 and 607.1508, Florida Statute	es, the above-named o	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changing it	s registered	
		a af Liarida. Cuah ahariga was n	uithorized by the coro	oration's board of directors. I hereby accer	ot the appointment as	registerea	
office or re	danilist with the accept the oblid	e of Fiorida, Such Change was a	rida Statutes	· · · · · · · · · · · · · · · · · · ·			
	familia with the accept the oblig	gations of, Section 607.0505, Flo	orida Statutes.	4	1-15-98		
office or re agent. I ar SIGNATURE	in familiar wath and accept the oblig		Prida Statutes. Registered Agent signature in	equired when reinstating)	75 -48 DATE		
	Stor Hure, lypoid or printed name of registered ag OF FICERS AN		Registered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	S IN 12	
SIGNATURE	OF FICERS AN	gen) and title if applicable (NOTE	Registered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	S IN 12	
SIGNATURE	OF FICERS AN PASSAPAE, THOMAS G.	gen) and title if applicable (NOTE	Registered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	S IN 12	
SIGNATURE 12. TITLE	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	gen) and title if applicable (NOTE	Registered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	S IN 12	
SIGNATURE 12. TITLE NAME	OF FICERS AN PASSAPAE, THOMAS G.	pen) and take of applicable (NOTE) NO DIRECTORS MELETE DUME	Registered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	S IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	gen) and title if applicable (NOTE	Registered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	S IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	pen) and take of applicable (NOTE) NO DIRECTORS MELETE DUME	Registered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	S IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	pen) and take of applicable (NOTE) NO DIRECTORS MELETE DUME	Hagistered Agent signature in 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	S IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DO DIFFE CTORS **RELETE** **DELETE** DELETE**	Fingistered Agent signature in 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change	S IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	pen) and take of applicable (NOTE) NO DIRECTORS MELETE DUME	E Registered Agent signature in 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	S IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DO DIFFE CTORS **RELETE** **DELETE** DELETE**	E Registered Agent signature in 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change	S IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DO DIFFE CTORS **RELETE** **DELETE** DELETE**	E Registered Agent signature in 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change	S IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change	S IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DO DIFFE CTORS **RELETE** **DELETE** DELETE**	E Registered Agent signature of 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change	S IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change	S IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DELETE	E Registered Agent signature of 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change	S IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DELETE	E Registered Agent signature in 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change	S IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DELETE DELETE	E Registered Agent signature in 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DELETE DELETE	E Registered Agent signature in 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PVST PASSAPAE, THOMAS G. 751 BAYSHORE DR	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition	

indicated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the porporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changing or the an attackment with an address.

CICNATURE.