

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

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P 93000072353</i> 1. Corporation Name					
TPW TERUZZI CORPORATION					
Principal Place of Business 6681 N.W. 17TH AVENUE FT. LAUDERDALE FL 33309			Mailing Address SAME		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/93	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 4/29/96	
22 City & State		27 City & State		4. FEI Number 65-0466952	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent ROBERT M. ARLEN 1501 CORPORATE DRIVE SUITE 200 BOYNTON BEACH FL 33435			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			86		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP		
PRES. MARNA DENTON P.O. BOX 87 7 UNIVERSITY PL. ORONO ME 04473			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP		
DIRECTOR ROBERT M. ARLEN 1501 CORPORATE DR SUITE 200 BOYNTON BEACH FL 33426			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 5.4 CITY- ST- ZIP		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP			7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY- ST- ZIP		
8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY- ST- ZIP			9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY- ST- ZIP		
9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY- ST- ZIP			10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY- ST- ZIP		

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97

Pres.

CP25074 (0-0-95)