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9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088132 (4)

TEA TABLE CORPORATION

Principal Prace of E	Business	Mailing Ad					
134 LOWE ST TAVERMER FL 33070		134 LOWE ST TAVERNIER FL 33070-2520					
				3. Date Incorporated or Qualified 12/28/1993		te of Last Report	
2. Principal Place	of Business	2a. Mailing	Address	4. FEI Number		Applied For	
21		26		65-0456915		Not Applica	
Suite, Apt. #, et.	÷	Suite, A	spl. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζφ	Country	Zφ	Country	This corporation has liability for	r intangible	tax under s. 199.032	

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SLOTNICK, MICHAEL C 520 BRICKELL KEY DR **SUITE 0-305 MIAMI FL 33131**

untry	This corporation has liability for inlangible tax under s. 199.032, Florida Statutes Yes No
T	10. Name and Address of New Registered Agent
81	Name (same)
82	Street Address (P.O. Box Number is Not Acceptable) 52.00 Blue LAGOON DR
63	Suite 700
04	City .

FILED

Mar 27 1997 8:00am

Secretary of State

Applied For Not Applicable

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. La	agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signary at typed to pented name of regions all agent and title (tappic above)	(NOTE RE	ngistered Agent signature requir	ed when reinstating)	DATE					
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TRUE	D 🗆 D	ELETE	1.1 TIPLE		Change	Addition				
N4ME	MCHUGH, GEORGE		. 1.2 NAME							
STREET ADDRESS	134 LOWE ST		1.3 STREET ADDRESS							
C-Fr - S* - 7(P	TAVERNIER FL 33070		1.4 CITY-ST-ZIP							
THILE	D	ELETE	2.1 TITLE		Change	Addition				
NAME	MCDONOUGH, VANNA		2.2 NAME							
STREET ACCRESS	134 LOWE ST		2.3 STREET ADDRESS							
CHY-S1-ZIP	TAVERNIER FL 33070		2. 4 CITY - ST - ZIP							
TITLE		ELETE	3.1 TITLE		Change	Addition				
NAM!			3.2 NAME							
STREET ADDRESS:			3.3 STREET ADDRESS							
CHY-ST ZIP			3.4. CITY - ST - ZIP							
THEE		DELETE	4.1 TITLE		Change	Addition				
NAME			4. 2 NAME							
STREET ACTORESIS			4.3 STREET ADDRESS							
CHT+SE ZIP			4.4 CITY - ST - ZIP							
TITLE		DELETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME							
SUREET ADORESS			5.3 STREET ADDRESS							
Q11Y- \$1-2IP		.,	54 CITY-ST-ZIP							
111L F	□ D	DELETÉ	6.1 TITLE		Change	Addition				
NAME			6.2 NAME							
${\tt SIREETADORESS}$			63 STREET ADDRESS							
Offy, ST. W.			6.4 CITY-ST-ZIP							

14. I do 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 it am an officer or director of the corporation or be receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Byck 13 if changed, or execute with an endress.