FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013579 (5)

1. Corporation Name
TMI, INC.

Principal Place of Business
822 E COAST DR
ATLANTIC BEACH FL 32233
US

Mailing Address
822 E COAST DR
ATLANTIC BEACH FL 32233
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report: 07/25/1995
4. FEI Number: 59-3224278 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
VLCEK, ALAN B
501 W. BAY STREET
SUITE 250
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name: ~~[illegible]~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~5-01 East Kennedy Blvd~~
83
84 City: ~~Tampa~~ FL
85 Zip Code: ~~3360?~~

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

12. OFFICERS AND DIRECTORS

Field	Officer/Director	
TITLE	P	[ ] DELETE
NAME	BOSKER, HANS	
STREET ADDRESS	NO ADDRESS LISTED	
CITY-ST-ZIP	THE NE	
TITLE	VPS	[ ] DELETE
NAME	POWERS, SHARON	
STREET ADDRESS	514 N ST	
CITY-ST-ZIP	CHAGNIN FALLS OH	
TITLE	D	[ ] DELETE
NAME	JORDAN, RICK	
STREET ADDRESS	30 CHOCTAW ST	
CITY-ST-ZIP	ASHEVILLE NC	
TITLE	D	[ ] DELETE
NAME	SCHUFELDT, HARLAN	
STREET ADDRESS	8917 FARGO RD	
CITY-ST-ZIP	RICHMOND VA	
TITLE	D	[ ] DELETE
NAME	Stevenson, Diane	
STREET ADDRESS	882 East Coast Dr	
CITY-ST-ZIP	Atlantic Beach FL 32233	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field		
1-1 TITLE	[ ] Change	[ ] Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE	[ ] Change	[ ] Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE	[ ] Change	[ ] Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE	[ ] Change	[ ] Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE	[ ] Change	[ ] Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE	[ ] Change	[ ] Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Diane Stevenson, Director — 2/14/96 — 904-241-6082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Diane Stevenson

WKB 3/28/96