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 # **P94000036654 (9)**

1. Corporation Name

T. C. Q. CONTROL, INC.

Principal Place of Business	Mailing Address
833 N. NORTH LAKE DR HOLLYWOOD FL 33019	833 N. NORTH LAKE DR HOLLYWOOD FL 33019

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified **05/11/1994**	3a. Date of Last Report **01/23/1995**
4. FEI Number **65-0491983**	☐ 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 ☒ Yes ☐ No	

9. **Name and Address of Current Registered Agent**

MECKE, CARL J
6714 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0302 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 (Required when filing) (If new Registered Agent is appointed, new Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, ORLANDO	12 NAME	
STREET ADDRESS	833 N. NORTH LAKE DR	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	14 CITY-ST-ZIP	
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, WILMA	22 NAME	
STREET ADDRESS	833 N. NORTH LAKE DR	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	24 CITY-ST-ZIP	
TITLE	D ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CUDLIN, WILMA	32 NAME	
STREET ADDRESS	833 N. NORTH LAKE DR	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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: [signature] 1/30/96 (305) 925-7365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)