

FILED

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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

1. Corporation Name
T. C. Q. CONTROL, INC.

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

Mailing Address
833 N. NORTH LAKE DR
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/11/1994

4. FEI Number 65-0491983	Applied For
	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MECKE, CARL J
6714 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

81	Name	MECKE, CARL J	
82	Street Address (P.O. Box Number is Not Acceptable)	5740 HOLLYWOOD BLVD # 300	
83			
84	City	HOLLYWOOD	FL
85	Zip Code	33221	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, ORLANDO	
STREET ADDRESS	833 N. NORTH LAKE DR	
CITY - ST - ZIP	HOLLYWOOD FL 33019	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, WILMA	
STREET ADDRESS	833 N. NORTH LAKE DR	
CITY - ST - ZIP	HOLLYWOOD FL 33019	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CUDLIN, WILMA	
STREET ADDRESS	833 N. NORTH LAKE DR	
CITY - ST - ZIP	HOLLYWOOD FL 33019	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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 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: William A. Hernandez - WILLIAM A. HERNANDEZ 4/2/98 954/925 7365

CR2E034 (10/97)