

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # P94000040485 (2)

1. Corporation Name

T. G. SALES, INC.



Principal Place of Business

9660 NW 52ND PL
CORAL SPRINGS FL 33076
US

Mailing Address

4691 N UNIVERSITY DR
#381
CORAL SPRINGS FL 33067
US

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/25/1994

3a. Date of Last Report

06/14/1995

4. FEI Number

65-0501060

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GILARDI, TOM
9660 NW 52ND PL
CORAL SPRINGS FL 33076

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 607.0402 and 607.1506, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0402, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME
Street Address
City & State
Zip
2. TITLE ☐ DELETE
NAME
Street Address
City & State
Zip
3. TITLE ☐ DELETE
NAME
Street Address
City & State
Zip
4. TITLE ☐ DELETE
NAME
Street Address
City & State
Zip
5. TITLE ☐ DELETE
NAME
Street Address
City & State
Zip
6. TITLE ☐ DELETE
NAME
Street Address
City & State
Zip

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY & STATE
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY & STATE
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY & STATE
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY & STATE
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY & STATE
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY & STATE
25. TITLE ☐ Change ☐ Addition
26. NAME
27. STREET ADDRESS
28. CITY & STATE
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33. TITLE ☐ Change ☐ Addition
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89. TITLE ☐ Change ☐ Addition
90. NAME
91. STREET ADDRESS
92. CITY & STATE
93. TITLE ☐ Change ☐ Addition
94. NAME
95. STREET ADDRESS
96. CITY & STATE
97. TITLE ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. CITY & STATE

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)(k), 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:

Judy C. Gilardi

Judy C. Gilardi

1-30-96

954-341-3014

CR2E034 (12/95)