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Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90058 022 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000046647

1. Corporation Name

TEMPLE & CHURCH ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address	Mailing Address								
2305 N W 107T	H AVE	P O BOX 521872									
STE 1M18. BOX		MIAMI FL 33152-1872	MIAMI FL 33152-1872				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33172	2	-									
US	•••					3. Date Incorporated or Qualifed 06/22/1994				•	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Appli	ed For -	
21		26	<u> </u>			65-0519545			Not Applicable		
Suite, Apt.	#. etc. ·	Suite, Apt. #, etc.					*/	\$8.7	5 Add	ditional	
22	.,	27				5. Certifcate of Status Desired	X	Fee	Requ	ired	
City & State	9	City & State				6. Election Campaign Financing		\$5.0	00 м	av Be	
23						Trust Fund Contribution			ed to		
Zip	Country	Zip	Coun	itry		8. This corporation owes the curr	ent year Int	angible			
24	25	29	30			Personal Property Tax.	•	Yes		No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered	Agent			
				81	Name		•				
	JSSERY, JEROME J		-	82	Street Addre	ess (P.O. Box Number is Not Accepta	hle)				
9020 NW 8TH ST			l'	02	Street Addre	SS (F.O. BOX NUMBER IS NOT Accepte	ibic)			ł	
SUITE 417			ı	83							
MIAN	/II FL 33172		Į								
				84	City		FŁ	85	Zip Co	de	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the ab	ove	-named corpo	ration submits this statement for the	purpose of	changing	g its re	gistered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	horized	bv t	the comoration	n's board of directors. I hereby accep	t the appoi	ntment a	s regis	stered	
SIGNATURE		_								\	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				Agent	t signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	ID DIDE	CTOR	2 INI 12	
12.	OFFICERS ANI		13.	_		ADDITIONS/CHANGES TO OF	FICERS AN	Char		Addition	
TITLE	PM	☐ DELETE	1.1 TITE		l'				ige		
NAME	PELLISSERY, JEROME J		1.2 NA								
STREET ADDRESS	1483 ESTANCIA CIR		1.3 STF	REET.	ADORESS	*					
CITY-ST-ZIP	WESTON FL 33327		1.4 CIT		-ZIP					- A 4 200	
TITLE	VD	☐ DELETE	2.1 TTN	Æ				☐ Char	nge	Addition	
NAME	MADHAVAN, SETU	•	2.2 NA	ИE							
STREET ADDRESS	MARSHALLS WARE HOUSE		2.3 STF	REET.	ADORESS						
CITY-ST-ZIP	CAY BAY ST		2.4 CIT	Y-\$1	T-ZIP						
TITLE	D	☐ DELETE	3.1 गग	E			-	^ ☐ Char	nge	☐ Addition	
NAME	PELLISSERY, STALIN JOSE	•	3.2 NAM	ИE	-					ļ	
STREET ADDRESS	MAIN ROAD CHALAKUDY KER	ALA STATE	3.3 STF	REET	ADDRESS					Ì	
CITY-ST-ZIP	KERALA STATE INDIA		3.4. CIT	Y-S1	T-ZiP						
TITLE		☐ DELETE	4.1 TIT					Char	nge	Addition	
NAME	•.		4. 2 NA	ME							
STREET ADDRESS			4.3 STF	REET	ADDRESS						
CITY-ST-ZIP			4.4 CIT]					1	
TITLE		☐ DELETE	5.1 TITL					Chai	nge	Addition	
NAME			5.2 NAM					•			
STREET ADDRESS	•				ADDRESS			• •		- 1	
i l		•	5.4 CIT							ļ	
CITY-ST-ZIP		☐ DELETE	6.1 TTT		-			[] Char	nge	Addition	
	_		6.2 NA		}				3 -		
NAME	·				Annress			5		ļ	

6.4 CITY-ST-ZIP

SIGNATURE:

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, with all other like empowered.