


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90133 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000052949					
1. Corporation Name T F W SALES, INC.					
Principal Place of Business 1170 A1A, #203 HILLSBORO BEACH FL 33062			Mailing Address 1170 A1A, #203 HILLSBORO BEACH FL 33062		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1994	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	31. FEI Number 09-6000070	32. Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent FINEBERG, LIBO B 3500 GATEWAY DR. SUITE 201 POMPANO BEACH FL 33069				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	NAME	WERKING, PATRICIA R	1.1 TITLE	1.2 NAME
STREET ADDRESS	1170 A1A, #204	CITY-ST-ZIP	HILLSBORO BEACH FL 33062	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	VS	NAME	WERKING, RALEIGH R	2.1 TITLE	2.2 NAME
STREET ADDRESS	1170 A1A, #204	CITY-ST-ZIP	HILLSBORO BEACH FL 33062	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	VAS	NAME	FINEBERG, LIBO B	3.1 TITLE	3.2 NAME
STREET ADDRESS	3500 GATEWAY DR., SUITE 201	CITY-ST-ZIP	POMPANO BEACH FL 33069	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE		NAME		4.1 TITLE	4.2 NAME
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE		NAME		5.1 TITLE	5.2 NAME
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE		NAME		6.1 TITLE	6.2 NAME
STREET ADDRESS		CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-99 954-429-3446

CR2E034 (11/98)