

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 APR 27 AM 7:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068060 (0)

1. Corporation Name  
TSGP, INC.

Principal Place of Business

222 LAKEVIEW AVE  
STE 800  
W PALM BCH FL 33401  
US

Mailing Address

222 LAKEVIEW AVE  
STE 800  
W PALM BCH FL 33401  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1994

4. FEI Number

65-0517909

Applied For

Not Applicable

2. Principal Place of Business

21 c/o Marvin S. Rosen

2a. Mailing Address

26 c/o Marvin S. Rosen

Suite, Apt. #, etc.

22 222 Lakeview Avenue, #800

Suite, Apt. #, etc.

27 222 Lakeview Avenue, #800

City & State

23 West Palm Beach, FL

City & State

28 West Palm Beach, FL

Zip

24 33401

Country

25 US

Zip

29 33401

Country

30 US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION, INC.  
222 LAKEVIEW AVENUE STE. 800  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

83

84 City Tallahassee

FL

85 Zip Code 32301

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 By: *Karen B. Rozar* Karen B. Rozar, As Its Agent

4-27-98

DATE

12. OFFICERS AND DIRECTORS

TITLE S  
NAME ROSEN, MARVIN S  
STREET ADDRESS 222 LAKEVIEW AVENUE, STE. 800  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Baxter, Cyndee c/o Marvin S. Rosen  
1.3 STREET ADDRESS 222 Lakeview Avenue, Suite 800  
1.4 CITY-ST-ZIP West Palm Beach, Florida 33401

2.1 TITLE P  
2.2 NAME Egidi, Dennis  
2.3 STREET ADDRESS 800 S. Milwaukee Avenue, Suite 170  
2.4 CITY-ST-ZIP Libertyville, Illinois 60048-3268

3.1 TITLE VP  
3.2 NAME Hocker, David  
3.3 STREET ADDRESS 101 East 2nd Street, Suite 100  
3.4 CITY-ST-ZIP Owensboro, Kentucky 42303

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

Marvin S. Rosen, Secretary

(561) 838-4501

CR2F034 (10/97)