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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 1. Corporation Name T.Y.C. INC.

P94000069240 (7)

1,1,0, (NO.					
	Business Pines Street Gardens FL 33418	Mailing Address 6451 POINTE PINES PALM BEACH GARD				
				3. Date incorporated or Qualified 09/20/1994	3a. Date of Lat 03/24	i) 1995
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26		11-3928832		Applied For Not Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc 27		5. Certificate of Status Desired	1	.75 Additional ee Required
City & State		Gity & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Ζιρ 24	Country 25	Ζφ 29	Country 30	8. This corporation has liability for Florida Statutes	r intangible tax unde s □ No	ers 199 032,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New I	Registered Agent	
ОСТВОИ	DADMET		81 Name			
ÖSTROW, BARNET 6451 EAST POINTE PINES STREET			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
	ACH GARDENS FL 33418		83	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
	0		84 Orty		 _ 85	Zip Code
					FL	·
11. Pursuant to or registered	the provisions of Section (607.0912) agent, or both, in the State of Florid	and 607,1508, Florida Statut A. Such change was adhoriz	es, the above named corpored by the corporation's boa	ration submits this statement for the purid of directors. Thereby accept the app	urpose of changing pointment as registe	its registered office ; ered agent. I am
	and accept the obligations of Scot	W SUSUS, Florida estatutas	4	k/p./	30,1996	
SIGNATURE X	nature, typed or profest han a directored a prof	अंतरी 1000 जी अनुभावे को लें 🔻 💮 (1944	OTE Registered Agent signature require	d wher recolately	DATE	
12.	D OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	
TITLE NAME	OSTROW, BARNET	☐ DEFE1F	1 1 TOLE 1 2 NAME			ige [_] Add-doll
STREET ADDRESS	6451 POINTE PINES STREE		1.3 STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH GARDENS FI	•	1.4 City - St - ZiP			
TITLE	P	DELETE	2 1 TITLE		☐ Char	nge 🔲 Addition
NAME	Y V ERTES, BONO 63 HARVEST LANE		2 2 NAME			
STREET ADDRESS	BRIDGEHAMPTON NY		2.3 STREET ADDRESS			
CITY-ST-ZIP	DUDGETAME TOTALITY	——————————————————————————————————————	2.4 CHY+ST ZIF			
TITLE		DELETE	3 1 TITLE		☐ Char	nge 🔲 Addition
NAME PERCET ADDRESS			3.2 NAME 3.3 STREEF ADDRESS			
STREET ADDRESS CITY+ST-ZIP			3.4 CITY - ST- ZIF			
TITLE		□ DELETE	4 1 TiTLE		☐ Char	nge 🗍 Addition
NAME			4.2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY - ST - ZIP			4.4 C+TY - \$T - Z+P			
TITLE		DELETE	5 1 T ILE		☐ Char	nge 🔲 Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
C:TY - ST - ZIP		ר"ו סרי בזר	54 CITY - ST - Z-P		□ c-	one Additor
TITLE		DECETE	6 1 11/1 F		☐ Char	nge 🔲 Addition
NAME			6.2 NAME			
STREET ACCRESS			63 STHEET ADDRESS			
CITY-ST-ZIP 14. I do hereby	certify that the information supplied	with this filing is voluntarily fun	64 CITY-S*-7/P hished and does not qualify f	or the exemption stated in Section 119	9.07(3)(k). Florida S	tatutes. I further

certify that the information indicated on this arrival responsible properties and december the compoundation indicated on this arrival report or supplemental annua 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 changes, or on arbitragisment with an address.

SIGNATURE: X SIGNATURE

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April 30, 1986