

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 20 11:10

**DOCUMENT # P94000077162 (3)**

1. Corporation Name  
**T & G CONSULTANTS, INC.**

Principal Place of Business: **6091 NW 77TH TER PARKLAND FL 33067**  
Mailing Address: **6091 NW 77TH TER PARKLAND FL 33067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/20/1994</b>		3a. Date of Last Report	
4. FEI Number <b>65-0527205</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. The corporation has liability for intangible tax under c. 100.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 1 <b>8210 Wilkes Rd Coral Springs Fl 33067</b>				2a. Mailing Address 26 <b>8210 Wilkes Rd Coral Springs Fl 33067</b>			
3. City & State 1 <b>Coral Springs Fl.</b>				28 <b>Coral Springs Fl.</b>			
4. Zip 1 <b>33067</b>		25. Country 1 <b>USA</b>		29. Zip 1 <b>33067</b>		30. Country 1 <b>USA</b>	

9. Name and Address of Current Registered Agent <b>HUSEBO, DONNA C 6091 NW 77TH TER PARKLAND FL 33067</b>				10. Name and Address of New Registered Agent 81 Name <b>Peter D. Lucia</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3470 BANKS RD, # 107</b> 83 84 City <b>Margate</b> FL 85 Zip Code <b>33063</b>			
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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: *Peter D. Lucia Jr* DATE: 6/14/95  
Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when registering)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<b>D GALIN, TAD JR</b>	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<b>6091 NW 77TH TER</b>	12. NAME	
3. CITY - ST - ZIP	<b>PARKLAND FL 33067</b>	13. STREET ADDRESS	
4. ADDRESS		14. CITY - ST - ZIP	
5. CITY - ZIP		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. ADDRESS		22. NAME	
7. CITY - ZIP		23. STREET ADDRESS	
8. ADDRESS		24. CITY - ST - ZIP	
9. CITY - ZIP		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ADDRESS		32. NAME	
11. CITY - ZIP		33. STREET ADDRESS	
12. ADDRESS		34. CITY - ST - ZIP	
13. CITY - ZIP		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. ADDRESS		42. NAME	
15. CITY - ZIP		43. STREET ADDRESS	
16. ADDRESS		44. CITY - ST - ZIP	
17. CITY - ZIP		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. ADDRESS		52. NAME	
19. CITY - ZIP		53. STREET ADDRESS	
20. ADDRESS		54. CITY - ST - ZIP	
21. CITY - ZIP		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. ADDRESS		62. NAME	
23. CITY - ZIP		63. STREET ADDRESS	
24. ADDRESS		64. CITY - ST - ZIP	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *TSG pres.* DATE: 6/14/95 305-340-5425  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Initial Form 2)

CR2E034 (3/95)