Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90093 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000077302

1. Corporation Name

TDF & ASSOCIATES, INC.								
Principal Place of Business Mailing Address						-{ 1,20161.50 1011 0,001 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,011 0,01		AND 1881 (68)
2601 SOUTH BAYSHORE DR. 2601 SOUTH BAYSHORE DR. SUITE 1600 SUITE 1600								
MIAMI FL 33133 MIAMI FL 33133						DO NOT WRITE IN THIS S	PACE	
,						3. Date Incorporated or Qualifed		
	•					10/20/1994		
Principal Place of Business 2a. Mailing Address						4. FEI Number	· · · · · · · · · · · · · · · · · · ·	olied For
21 26						65-0598214		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	
27								
City & State City & State					-	6. Election Campaign Financing	•	May Be
23 28						Trust Fund Contribution	Added to) Fees
Zip	Country	Zip	_ Cou	ntry		8. This corporation owes the current year Intar		□No
24	25		30			Personal Property Tax. 10. Name and Address of New Registered A		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered A	Join.	
AZ REGISTERED AGENT CORPORATION				۱"	(Valing			
				82 Street Address (P.O. Box Number is Not Acceptable)				
2601 S. BAYSHORE DRIVE				83				
SUITE 1600				83				
MIAMI FL 33133				84	City	FL	85 Zip C	ode
							nanging its	registered
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	Florida. Such change was autons of, Section 607.0505, Florida.	thorized da Statu	by ti	he corporation	oration submits this statement for the purpose of cin's board of directors. I hereby accept the appoint	ment as reg	jistered
SIGNATURE	<u> </u>					when reinstation) DATE		
<u> </u>	Signature, typed or printed name of registered agent OFFICERS AND		13,	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
12.		DELETE	1,1 TIT				Change	Addition
TITLE	PD .	C) 5222.1-	1.2 NA					
NAME	THION, GLORIOL I				ADDRESS			
STREET ADDRESS		000						
CITY-ST-ZIP	MIAMI FL 33133	☐ DELETE	1.4 CII 2.1 TIT		-ZIP		Change	Addition
TITLE	ST VOCA OFFICE T	<u></u>	2.2 NA					
NAME	1000, GEOTGE 1				ADDRESS			
STREET ADDRESS	2001 G. DATOHORE DIE, OTE. 1000				}			
CITY-ST-ZIP.	MIAMI FL 33133	☐ DELETE	2. 4 CI 3.1 TII		2112		Change	- ☐ Addition
ł i			3.2 NA					_
NAME	. '				ADDRESS			
STREET ADDRESS	•							
CITY-ST-ZIP				TY-ST	1- ZIP		Change	Addition
TITLE	· · · · · · · · · · · · · · · · · · ·		1	4.1 IIILE 4.2 NAME			ш ,	
NAME					ADORESS			
STREET ADDRESS]			
CITY-ST-ZIP		☐ DELETE	4,4 CIT		-ZIP		☐ Change	☐ Addition
TITLE			5.2 NA			•	-	
NAME OTRET LOGDESS					ADDRESS			
STREET ADDRESS			5.4 CI					
TITLE		DELETE	6.1 TIT				☐ Change	☐ Addition
1		_ J	6.2 NA		\		. •	
NAME		•			ADDRESS			

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 of the sceiver or trustee empowered accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a attachment with an office set, with an office set, with an office set, with an office set, with an office set.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR