

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000008576 (7)

1. Corporation Name

TEAM PURCHASING CENTER, INC.



Principal Place of Business

C/O MICHELLE LAMARRE
9802 SW 133RD PLACE
MIAMI FL 33186

Mailing Address

C/O MICHELLE LAMARRE
9802 SW 133RD PLACE
MIAMI FL 33186

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

SINGER, DAVID H
13320 SW 128TH STREET
MIAMI FL 33186

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL Zip Code

3. Date Incorporated or Qualified	01/30/1995	3a. Date of Last Report	
4. FEI Number	65-0558731	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent			

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMARRE, MICHELLE	
STREET ADDRESS	9802 SW 133RD PLACE	
CITY-STATE-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34 TITLE	
35 NAME	
36 STREET ADDRESS	
37 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38 TITLE	
39 NAME	
40 STREET ADDRESS	
41 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 owner of a trust or employee, fiduciary of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if listed on a voluntary withdrawal.

SIGNATURE: *Michelle Lamarre*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 (305) 385-1771

CR2E034 (12/95)