

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

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**Mar 27 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33186-2249**

3. Date Incorporated or Qualified 01/30/1995	3a. Date of Last Report 03/29/1996
4. FEI Number 65-0558731	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent SINGER, DAVID H 13320 SW 128TH STREET MIAMI FL 33186	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMARRE, MICHELLE 9802 SW 133RD PLACE MIAMI FL 33186	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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, changed, or in an attachment with an address.

SIGNATURE: *Michelle Lamarre* **3/21/97 (305) 385-1771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ **DATE** _____ **Daytime Phone #** _____

CR2E034 (9/96)