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

PROFIT CORPORATION ANNUAL REPORT .



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

1996 DOCUMENT #
1. Corporation Name

P95000013417 (7)

TCMR, INC.

Principal Place of Business AOS E. EVANSTON CIRCLE

Mailing Address



| FORT LAUDERDALE FL 33312 | | FORT LAUDERDALE FL 33312 | | | | | |
|---|--|--|--|---------------------|---|------------------------|---|
| 6 Dianian | | | | | 3. Date Incorporated or Qualified 02/16/1995 | 3a. Date of L | ast Report |
| 2. Principal P | pal Place of Business 2a. Mailing Address | | | | 4. FEI Number | | Applied For |
| Suite, Apt. | # elc | 26 | | | 65-05600 | S () | Not Applicable |
| 22 Crty & Stat | | Suite, Apt. #, etc. | 27 | | 5. Certificate of Status Desired | ┌ \$8 | B.75 Additional Fee Required |
| 23 | City & State | | | | 6. Election Campaign Financing \$5.00 May Re | | |
| Zip | Country | Zip | Count | | Trust Fund Contribution | L. , | Added to Fees |
| 24 | 25 | 29 | Gountry 30 | <i>i</i> | 8. This corporation has liability for i | ntangible tax und | ders 199.032, |
| | 9. Name and Address of Curre | ent Registered Agent | 1301 | | Florida Statutes Yes 10. Name and Address of New R | □ No | |
| | | | 81 | Name | IV. Hame and Address of New R | egistered Agen | t |
| ' Lau, li | | | | | | | |
| 605 E. EVANSTON CIRCLE | | | 82 Stree | | dress (P.O. Box Number is Not Acceptab | le) | |
| , FORT L | AUDERDALE FL 33312 | | 83 | <u> </u> | | | |
| 4 | | | ļ | | | | |
| <u>.</u> . | | | 84 | City | · · · · · · | E. 85 | Zip Code |
| Pursuant t Or register | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statute | s, the above- | named corpo | oration submits this statement for the purport of directors. I hereby accept the appear | TL L | ita rasista ad di |
| familiar wi | ith, and accept the obligations of, Sec | ipa. Such change was authorize tion 607.0505. Florida Statutes. | o by the corp | oration's boa | oration submits this statement for the purp ard of directors. I hereby accept the appo | intment as regist | its registered office ered agent. I am |
| SIGNATURE | | | | | | | • |
| 40 | Signature, typed or printed hardle of regulared agen | | E Registeral Agei | t signature require | ad where remedatings | DATE | |
| 12. | OFFICERS AN | (DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | CIORS IN 12 |
| NAME | | ☐ DELETE | DELETE 1 TITLE | | | ☐ Char | |
| | LAU, LINDA | | 1.2 NAME | | | _ | |
| STREET ADDRESS | 605 E. EVANSTON CIRCLE FORT LAUDERDALE FL 333 | 4.0 | 13 STREET | ADDRESS | | | |
| CHY-ST-ZiP TITLE | FORT LAUDENDALE PL 333 | | 1.4 CITY - S | I · ZIP | | | |
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tual report is true and accurate and mat my signature sharehave the same regar effect as it made under se empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a

upul 5.96

Daytime Phone #