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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000013417 (7)

TCMR, INC.

Principal Place of Business
605 E. EVANSTON CIRCLE
FORT LAUDERDALE FL 33312

Mailing Address

805 E. EVANSTON CIRCLE FORT LAUDERDALE FL 33312-1932

FILED Mar 11 1997 8:00am Secretary of State



								02/16/1995		ite of Last Hi 18/1996	sport
2. Principa	al Place of Busine	SS	2a.	Mailing Address		•		4. FEI Number		Ap	plied For
21		,	26	6				65-0560080		No	t Applicable
State, A 22	\pt. #, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & 9	State	City & State				6. Election Campaign Financing		\$5.00			
23			28					Trust Fund Contribution		Added t	o Fees
Zip		Country	ļ,	Zip	├	ountry		8. This corporation has liability for it			199.032,
24 25 29 30 30 9. Name and Address of Current Registered Agent								Florida Statutes 10. Name and Address of New Reg	Yes _		
		na Address of Carr	on nogisi	ered Agent		81	Name	to. Haine and Address of Hell the	grecored r	190III	
LAU, LINDA 605 E. EVANSTON CIRCLE FORT LAUDERDALE FL 33312						Name					
						82 Street Address (P.O. Box Number is Not Acceptable)					
						B3					
						84	City		FL	85 Zip (Code
4.4 Diagona	net to the remedia	nt of Postions 6077	YEAR and G	17 1509 Florida S	Statutor tha	abaya	named corr	poration submits this statement for the n		changing it	e registered
office	or registered age	nt, or both, in the Sta	ate of Floric	la Such change	was authorize	ed by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the app	ointment as	registered
agent	. Lam familiar with	, and accept the ob	ligations of	, Section 607.050	5. Florida Sta	atutes	•				
SIGNATUI	RF				WORE D				DATE		
12.	Signature Typed o	OFFICERS A			(NOTE Hegister		nt signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
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1. 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 of trustee 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 an address.

SIGNATURE

SIGNATURE AND TYPED OR

ED NAME OF SIGNING FFICE

CTOR

3/07/97 954581-8781