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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P95000016942**1. Corporation Name

TMS ENTERPRISES, INC.

## **FILED** Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90026 038 \*\*\*150.00



Principal Place	of Business	Mailing Addr	ress				Orass Amilie darije ka	1566 <b>4010</b> 1 13060 01650 1851		
2222 PONCE DE LEON BLVD PENTHOUSE II CORAL GABLES FL 33134  2222 PONCE DE LEON BLV PENTHOUSE II CORAL GABLES FL 33134  CORAL GABLES FL 33134			1	D .		DO NOT WRITE IN THIS SPACE				
US GABLES	S FL 33134	US CORAL GABL	ES FL 33134			3. Date Incorporated or				
00		00				02/27/1995				
2. Principal Pl	lace of Business	2a. Mailing A	Address			4. FEI Number		A	pplied For	٠,
21		26				65-0609900		N	ot Applicable	:
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.		*1.		Desired	, \$8.75	Additional	
22		27				5. Certifcate of Status I	Desired _	Fee R	equired	
City & State	e	City & St	tate			6. Election Campaign F	inancing :	72 116	May Be	
23		28				Trust Fund Contribut	tion	Added	to Fees	
Zip	Country	Zip		Country	٠	8. This corporation owe	es the current y	· <u>-</u>		,
24	25	29	30	J		Personal Property T		∐ Yes	□No	
	9. Name and Address of Current			81	Name	10. Name and Address	of New Regis	stered Agent		
CTAI	OK ADTUUD D		*	61	Name	,				
	rk, arthur B 2 Ponce de Leon Blvd			82	Street Addre	ess (P.O. Box Number is N	ot Acceptable)	1 .		
	THOUSE II			83		4.		r 927, 11 4 4 4 4	\$15.3 (\$11.9°	
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11: Pursuant	to the provisions of Sections 607.0502	and 607.1508, F	Florida Statutes, t	the above orized by	e-named corporatio	oration submits this statements board of directors. I her	ent for the purp reby accept the	oose of changing it e appointment as r	s registered egistered	
11. Pursuant office or no agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	and 607.1508, F of Florida. Such c ons of Section 6	Florida Statutes, t change was autho 307.0505, Florida	the above orized by Statutes	e-named corporatio	oration submits this statements board of directors. I he	ent for the purp reby accept the	oose of changing it e appointment as r	s registered egistered 	
SIGNATURE	m familiar with, and accept the obligation	ons of Section 6	07.0505, Florida	Statutes					s registered egistered	
SIGNATURE	m familiar with, and accept the obligation	ons of Section 6	07.0505, Florida	Statutes	e-named corporation	1 when reinstating)	,	DATE		
SIGNATURE	m familiar with, and accept the obligation  Signature, typed or printed name of registered agent  OFFICERS AND	and title if applicable.	607.0505, Florida (NOTE: Regi	Statutes		I when reinstating)  ADDITIONS/CHANGE	,	DATE		
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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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

