

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000028817 (1)

1. Corporation Name
TCA IMPORTS, INC.

Principal Place of Business

810 SATURN STREET
#24
JUPITER FL 33477

Mailing Address

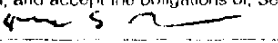
3 HARMONY LANE
HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 109 QUAIL RUN Suite, Apt. #, etc. 22 City & State BEDFORD, TX Zip 76021 Country USA	2a. Mailing Address 26 109 QUAIL RUN Suite, Apt. #, etc. 27 City & State BEDFORD, TX Zip 76021 Country USA	3. Date Incorporated or Qualified 04/12/1995 4. FEI Number 65-0516056 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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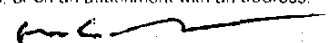
9. Name and Address of Current Registered Agent GINSBURG, DANIEL 3 HARMONY LANE HOBE SOUND FL 33455	10. Name and Address of New Registered Agent 81 Name GINSBURG, DANIEL c/o C. ARNOLD 82 Street Address (P.O. Box Number is Not Acceptable) 3301 NORTHWIND COURT 83 84 City JUPITER FL 85 Zip Code 33477
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11. 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  DANIEL B. GINSBURG 3/19/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBURG, DANIEL	1.2 NAME	
STREET ADDRESS	3 HARMONY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULSON, DEBORAH	2.2 NAME	
STREET ADDRESS	109 QUAIL RUN	2.3 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD TX 76021	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  DANIEL B. GINSBURG 3/19/98 561-546-4158
Signature, typed or printed name of signing officer or director Date

CR2E034 (10/97)