

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

FILED

Mar 10 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 # P95000055759 (1)

1. Corporation Name

TYMAC CORPORATION



Principal Place of Business

7336 PINE TREE LN
LAKE CLARKE SHORES FL 33406

Mailing Address

7336 PINE TREE LN
LAKE CLARKE SHORES FL 33406-6819

3. Date Incorporated or Qualified
07/17/1995

3a. Date of Last Report
06/28/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

FALCON, HOWARD J III
1645 PALM BEACH
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name ALAN ARMOUR II
82 Street Address (P.O. Box Number is Not Acceptable)
1645 Palm Beach Lakes Blvd
83 SUITE 1200
84 City WEST PALM BEACH FL 85 Zip Code 33401

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

Alan Armour II

ALAN I. ARMOUR II

2/26/97

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RICH, DONALD A	
STREET ADDRESS	7336 PINE TREE LN	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICH, VICTORIA T	
STREET ADDRESS	7336 PINE TREE LN	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	LAKE CLARKE SHORES, FL 33406
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DIRECTOR
33 STREET ADDRESS	CARL AUDITORE
34 CITY-ST-ZIP	7515 PINE TREE LANE LAKE CLARKE SHORES, FL 33406
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 if changed or on an attachment with an address.

SIGNATURE:

Shel Achel Rich, Director

2/11/97 (561)833 2331

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (9/96)