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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 13 1997 8:00am

Secretary of State

DOCUMENT # P95000062192 (6)

TUI, INC.

Principal Place	of Business	Mailing Address					t additions and the	re Meller Odieli Odelie Bibl		il ed i ilediğ eğili	1 1181 1881
7250 ULMERTON ROAD. SUITE J LARGO FL 34841		4707 140TH AVE NORTH 306 CLEARWATER FL 34622-3840									
 		U\$					 Date incorpora 08/11/1995 	ted or Qualified		ate of Last Re 25/1996	<u> </u>
			a. Mailing Address				4. FEI Number	-			plied For
21 2676 GLENEACTES PHOLE 26			Suite, Apt. #, etc.				59-333103	VI			t Applicable
22 C/E	ARWATER	27					5. Certificate of St	tatus Desired		\$8.75 A	quired
City & State	A OA	City & State					6. Election Campa			\$5.00	
23 F.C	Country	Zip Country				Trust Fund Con			Added t		
24 3462	1 25 POLETIAT.	29					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Current F					1	10. Name and Add				
PATI	EL, SANDIP I			81	Name	;					
18167 U.S. HIGHWAY 19 NORTH, SUITE 150 CLEARWATER FL 34624				62	Street	Addres	s (P.O. Box Numbe	r is Not Accepta	ble)		
CLE	ARWAIER FL 34824			83	 						
				84	<u> </u>					11	
				84	City				FL	85 Zip (Dode
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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								changing its	s registered registered		
SIGNATURE	Signature, typod or printed name of registered agont a								DATE		
12. Of FICE RS AND DIRE CTORS					stered Agont signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				DIRECTOR	S IN 12	
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NAME	ELLIOTT-CUNNINGHAM , IAN V	_		1.2 NAME		100	IN ELLIGHT.	- crimping	MM	-	
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STREET ADORESS				6.3 STREET	ADDEEC						ł
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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 dyector of the corporation or the relevier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block to a Block to an another control of the corporation or the relevier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block to a Block to a Block to an another control of the corporation of the corpo