

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000063854 (0)**

1. Corporation Name

TCMN, INC.



Principal Place of Business

Mailing Address

~~210 N UNIVERSITY DRIVE,
SUITE 502
CORAL SPRINGS FL 33071~~

**210 N UNIVERSITY DRIVE
SUITE 502
CORAL SPRINGS FL 33077**

3. Date Incorporated or Qualified **08/17/1995** 3a. Date of Last Report

| | | | |
|--------------------------------|-------------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 8221 W. GLADES ROAD | 26 8221 W. GLADES ROAD | 65-0603377 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State | City & State | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 23 BOCA RATON FL | 28 BOCA RATON FL | | |
| Zip | Country | | |
| 24 33434 | 25 PALEM BEACH | | |
| 29 33434 | 30 PALEM BEACH | | |

9. Name and Address of Current Registered Agent

~~HERNANDEZ, DAVID
210 N UNIVERSITY DRIVE
SUITE 502
CORAL SPRINGS FL 33071~~

10. Name and Address of New Registered Agent

| | |
|---|--------------------------|
| 81 Name | STEVE ERBLAT |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 8221 W. GLADES RD |
| 83 | |
| 84 City | BOCA RATON FL |
| 85 Zip Code | 33434 |

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 607.0502 Florida Statutes.

SIGNATURE

Steve Erblat

(If the Registered Agent signature is placed within this space)

4-11-96

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | STEVE ERBLAT <input type="checkbox"/> DELETE | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVE ERBLAT (P)(D) | 12. NAME | |
| STREET ADDRESS | 7239 PANACHE WAY | 13. STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL 33433 | 14. CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22. NAME | |
| STREET ADDRESS | | 23. STREET ADDRESS | |
| CITY - ST - ZIP | | 24. CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY - ST - ZIP | | 34. CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY - ST - ZIP | | 44. CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY - ST - ZIP | | 54. CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY - ST - ZIP | | 64. CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sect on 119.07(3)(k), 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 in an attachment to this address.

SIGNATURE: *Steve Erblat*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 (402) 852-0408
DATE PHONE #

CR2E034 (12/95)