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

PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #  1, Corporation Name	P95000077499 (8)						
TPF PEMBROKE PINES, INC.							



954-680-7720

Principal Place of Business Mailing Address					f (45)(196) 110 (310) Stiff SSIN SSIN (SSIN (SSIN)(SSIN (SSIN (SSIN (SSIN (SSIN (SSIN (SSIN (SSIN (SSIN (SSIN (SSI				
10260 GRIFFIN ROAD		10260 GRIFFIN ROAD							
COOPER CITY	FL 33328	COOPER CITY FL 3332	20			3. Date Incorporated or Qualified 10/05/1995	3a. Date	of Last Ro	eport
. Principal Plac	ee of Business	2a. Mailing Address				4. FEI Number	, l	,	Applied For
		26				65-06/448	ን	<u></u>	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			<b>0</b> May Be d to Fees
Zip 4	Country 25	Z <sub>I</sub> p 29	Cour	ntry		This corporation has liability for Florida Statutes	intangible tax	cunder s	199.032,
L	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New F	Registered A	gent	
				81	Name				
	ik, martin Riffin road		Ì	82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	CITY FL 33328			83					
			Ī	84	Crty		FL	85 Zi	p Code
or registere familiar with	d agent, or both, in the state of rich, and account the obligations of, Se	ction 607.0505, Florida Statutes	5.			ard of directors. I hereby accept the app ad when reinstating:	DATE	8/96	<u></u>
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		· <del></del>	
TITLE	D	DELETE	1.110	TLE			L	] Change	Addition
NAME	SILBERNIK, MARTIN		1.2 NA	ME					
STREET ADDRESS	10260 GRIFFIN ROAD		1.3 SY	REET	ADDRESS				
CITY-ST-ZIP	COOPER CITY FL 33328	- DELETE			ST - ZIP			Change	Addition
TITLE	D CH DEONIK MADDA	DELETE	2.1 Ti 2 2 NA					_ onlingo	LJ /Maillei/
NAME	SILBERNIK, MARDA 10260 GRIFFIN ROAD				I ADDRESS				
STREET ADDRESS	COOPER CITY FL 33328				ST-ZIP				
CITY-ST-ZIP TITLE	COOLEMONTE	DELETE	3 1 11		J. 11.			Change	Addition
NAME			3 2 NA	\ME					
STREET ADDRESS			33 \$	TREE	1 ADDRESS				
CITY-ST-ZIP			3.4 CI	TY - 5	SI · ZIP				
TITLE		☐ DELFTE	4.11	TLE				Change	Addition
NAME			4.2 N/	4ME	1				
STREET ADDRESS			i i		1 ADDRESS				
CITY-ST-ZIP		☐ DELET€	4.4 C) 5. 1 Ti		ST-ZIP			] Change	Addition
TITLE			5. 1 II 5.2 N				L		
NAME CIDELL ADDOLES					LADDRESS				
STREET ADDRESS					ST-ZIP				
CITY-ST-ZIP TITLE		DELETE	6 1 T				[	Change	Addition
NAME		<del></del>	62 N	AME					
STREET ADDRESS			638	TREE	T ADDRESS				
PITY . CT . 7IP			6.4 CI	ITY-	ST-ZIP				
CITY-ST-ZIP 14, I do hereb	y certify that the information supply the information indicated on this a lam an officer or director of this Block 12 or Block 18 if the	ed with this filing is voluntarily fur nnual report or supplemental an poetition or the receiver or trust from an attachment with an add	6.4 Cr rnished and	liy- doe	ST-ZIP es not qualify	r for the exemption stated in Section 11 rate and that my signature shall have th his report as required by Chapter 607, I	9.07(3)(k), Flo e same legal Florida Statut	orida Statu effect as es; and th	utes. I furthe if made un hat my nam

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR