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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCC

1. Corporation T & R HC							
Principal Place of Business Mailing Address							(() () () () () () () ()
9261 S.W. 54TH COOPER CITY F	, - · • -	9261 S.W. 54TH PLACE COOPER CITY FL 33328					DO N
						3.	Date Incorporated or 10/18/1995
2. Principal Pla	ace of Business	2a. Mailing Ad	dress			4.	FEI Number 65-0637378
Suite, Apt. #	t, etc.	Suite, Apt.	#, etc.			5.	Certifcate of Status D
City & State	Name of the second of the seco	City & Sta	te	- •		6.	Election Campaign Fi Trust Fund Contribution
Zip	Country 25	Zip 29	30	Country		8.	This corporation owes Personal Property Ta
	9. Name and Address of C			10.	Name and Address		
HOPKINS, TIMOTHY M 9261 S.W. 54TH PLACE 81 Nam 82 Street							
						Address (P.O. Box Number is No	
COOPER CITY FL 33328							-
				84	City		
office or re agent. I an	o the provisions of Sections 60 gistered agent, or both, in the 5 n familiar with, and accept the c	State of Florida. Such ch	ande was author	rized by '	the corpo	corporatio oration's be	n submits this stateme pard of directors. I here
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable.	(NOTE: Regi	stered Agen	signature r	equired when	reinstating)
12.	OFFICER	S AND DIRECTORS		13.			ADDITIONS/CHANGE
TITLE	D DELETE 1.1						

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90115 027 ***150.00



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Principal Place	e of Business	Mailing A	ddress			_		tti dalbi thili	MISMI (SIT INE)		
9261 S.W. 54TH PLACE COOPER CITY FL 33328 9261 S.W. 54TH PLACE COOPER CITY FL 33328			-				DO NOT WRITE IN THIS S	SPACE			
							3. Date Incorporated or Qualifed				
							10/18/1995				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied				
21		26	26				65-0637378	No	ot Applicable		
Suite, Apt.	#, etc.	_	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional		
22		27	27				5. Certificate of Status Desired				
City & State	9	City 8	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				_	Trust Fund Contribution	Added	to Fees		
Zip				Country			8. This corporation owes the current year Intangible Personal Property Tax Yes WNo				
24	25	29	3	0]		_	Personal Property Tax. 10. Name and Address of New Registered A		<u> </u>		
	9. Name and Address of Curren	t Registered	Agent	l a	31	Name	10. Name and Address of New Registered A	gent			
HOP	KINS, TIMOTHY M			Ľ							
9261 S.W. 54TH PLACE			8	32	Street Addre	ss (P.O. Box Number is Not Acceptable)					
	PER CITY FL 33328			8	33						
				8	34	City	FL	85 Zip	Code		
44 Dureugnt	to the provisions of Sections 607 050	2 and 607 150	8 Florida Statutes	the abo	ove-	named corpo	ration submits this statement for the purpose of o	hanging its	registered		
office or n	egistered agent, or both, in the State (of Florida, Suc	ch change was auti	horized t	ov ti	he corporation	n's board of directors. I hereby accept the appoint	tment as re	egistered		
agent. I a	m familiar with, and accept the obligat	lions of, Section	n 607.0505, FIORIO	ia Statuti	es.				}		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applical	ole. (NOTE: R	egistered A	gent	signature required	when reinstating) DATE				
12.	OFFICERS AN	_		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12		
TITLE	D		☐ DELETE	1.1 TITLE	E		•	☐ Change	☐ Addition		
NAME	HOPKINS, TIMOTHY M			1.2 NAM	Ę				1		
STREET ADDRESS	9261 SW 54TH PL			1.3 STRI	EET/	ADDRESS			ľ		
CITY-ST-ZIP	COOPER CITY FL 33328			1.4 CITY	-ST-	ZIP	<u> </u>				
TITLE		_·.	☐ DELETE	2.1 TITU	E			☐ Change	☐ Addition		
NAME				2.2 NAM	E				Ì		
STREET ADDRESS				2.3 STR	EET/	ADDRESS			Ĭ		
CITY-ST-ZIP.				2. 4 CIT	Y-ST	-ZIP					
TITLE	**		☐ DELETE	· 3.1 TITU	Ε		, a second	Change	Addition		
NAME				3.2 NAM	ΙE						
STREET ADDRESS	}			3.3 STR	EET	ADDRESS			j		
CITY-ST-ZIP				3.4. C/T		-ZiP		Change			
TITLE			☐ DELETE	4.1 TITL		}		☐ Change	☐ Addition		
NAME				4. 2 NAN	ΛE				ļ		
STREET ADDRESS	· ·			4.3 STR	EET,	ADDRESS			1		
CITY-ST-ZIP_			- C 251 575	4.4 CITY		-ZIP		☐ Change	Addition		
TITLE			☐ DELETE	5.1 TITL				☐ Criange	L. Addition		
NAME				5.2 NAM		ADDRESS		•	Í		
STREET ADDRESS						ADDRESS (Ĭ		
CITY-ST-ZIP			DELETE	5.4 CITY 6.1 TITL		- ZIP		☐ Change			
TITLE			☐ NETE IE	6.2 NAM				பாவரம்			
NAME	•			4		ADDRESS			1		
STREET ADDRESS	٠			6.3 STR		į.			Ì		
CITY-ST-ZIP	ŀ			0.4 UI Y		· 411"					

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, with all other like empowered.