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 # P95000082931

1. Corporation Name

TSG DESIGN SOLUTIONS, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90071 028 ***150.00



Principal Place of Business Mailing Address					t 100+1081 110 tittel dans abert gant eart	.1 19119 11919 1919	(110) 1101 1681	
815 CANAL DRIVE 815 CANAL DRIVE BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435					DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 10/30/1995 			
Principal Place of Business 2a. Mailing Address					4. FEI Number	1	plied For	
21 1850 FOREST HILL BLYD 26					65-0620907		t Applicable	
Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A		
22 # 20 3 27							<u> </u>	
City & State City & State City & State City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	Zîp	Country		8. This corporation owes the current year	ntangible		
24 234 (06 25 USA	29 30			Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent		
			81	Name				
CADARET, ALBERT J III 815 CANAL DRIVE			82	Street	Address (P.O. Box Number is Not Acceptable)			
BOYNTON BEACH FL 33435			83		- And Andrews			
			84	,	F	L	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o π familiar with, and accept the obligati	f Florida. Such change was auth	onzed by	the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its ointment as re-	registered gistered	
SIGNATURE		ANOTE: De	oistored Age	et signature t	required when reinstating) DATE	 		
	Signature, typed or printed name of registered agent OFFICERS AND		13.	it signature i	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12	
12.	D OFFICERS AND	DELETE	1.1 TITLE		ADDITIONO/OTATIONS TO OTT ISENS.	☐ Change	Addition	
NAME	CADARET, ALBERT J III	_				_ ,	_	
				T ADDRESS				
STREET ADDRESS			1.4 CITY-S					
CITY-ST-ZIP TITLE			2.1 TITLE	1-2JF		Change	☐ Addition	
NAME			2.2 NAME			,		
STREET ADORESS	ISS 1324 THE POINTE		2.3 STREET ADDRESS		1825 GREGORY ROAD			
	W. PALM BEACH FL 33409		2.4 CITY 9	T 710	1825 GREGORY ROAD W. PALM BEACH , FL 3340	6	i	
CITY-ST-ZIP TITLE			3.1 TITLE	51-ZIF	17.60 (1907-017)	Change	Addition	
		<u> </u>	3.2 NAME			-	•	
NAME				TADDRESS				
STREET ADDRESS			3.4. CITY-5					
CITY-ST-ZIP		□ DELETE	41 TITLE	31-ZIF		☐ Change	Addition	

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-\$T-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ DELETE

Change

☐ Change

☐ Addition

Addition