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

. PROFIT



FLORIDA DE PARTMENT OF STATE

ANNL	CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS				
DOCUI 1. Corporation	MENT # P9500	0091498 (2)			
1 '	TIC ENDEAVORS, INC.				
Principal Place	of Husiness	Mailing Address			0
151 SEAGATE ROAD PALM BEACH FL 33480 151 SEAGATE ROAD PALM BEACH FL 33480					
				3. Date Incorporated or Qualified 3a. D	ate of Last Report
h	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Aprt.	# plr	Suite, Apt #, etc.		65-0621702	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
Oity & State	:	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ 29	Country 30	This corporation has liability for intangible Florida Statutes	
	9. Name and Address of Curren	Registered Agent	81 Name —	10. Name and Address of New Registers	ed Agent
11. Pursuant t	ed agent, or both, in the State of Floric	a. Such change was authorized	83 City P	151 Seagate Ro ALM BEACH F oration submits this statement for the purpose of ard of directors. Thereby accept the appointment	changino its registered office
familiar wit	th, and accompline obligations. Secti	on 607.0505, Florida Statutes.	,		1-15-96
SIGNATURE 1	Style for type I or control han ellot registered agent.	ario tore il applicable(NCITI	Begistered Agent signature requi		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
II'll	BRADWAY, JANIS A	OFTETE	1. 1 TITLE		Change Addition
NAME STREET ASIORESS	C/O 151 SEAGATE ROAD		1.2 NAME 1.3 STREET ADDRESS		
COTY ST-7P	PALM BEACH FL 33480		1.4 CITY-SI-ZIP		
Tritt		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CTY-St-7P		EJ DELETE	2.4 CHY-ST-ZIF 3.1 TITLE		Change Addition
NAME		LJ DETECT	3 2 NAME		C Change C Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CHY ST ZIP			3.4 CiTY-ST-ZIP	2000017486 	11.12-1 010
lif f		☐ DELETE	4 1 TITLE	***200.00	Change Addition
NAME			4.2 NAME	ener varieti 🖷 (talifica)	4
STREET ADDRESS			4.3 STREET ADDRESS		
1014 - S1 - 7-2		DELETE	4 4 CITY - SI - ZIP 5 1 TITLE		☐ Change ☐ Addition
NAME		ed ····	5.2 NAME		
STREET ACQUEESS			5.3 STREET ANDRESS		
0/14 + S1 + Z1-2			5 4 CITY - ST - ZIP		

14. Ldu hereby certify that the information supplied with this filing is voturitarily furnished and 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 outling 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 Black 12 or Black 13 if stranged, or on an attachment with an address.

6 1 TIFLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CHTY-ST-7IP

SIGNATURE: /

11'11

NAME

STREET AUDRESS

DELF1E

☐ Change ☐ Addition