

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

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000092681 (2)

1. Corporation Name
T.G.D. ASSOCIATES, INC.



Principal Place of Business 13355 SOUTH BELCHER ROAD, SUITE R LARGO FL 34643	Mailing Address 13355 SOUTH BELCHER ROAD, SUITE R LARGO FL 33773-1648
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/06/1995	3a. Date of Last Report 04/16/1996
4. FEI Number 59-3349121		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name PATRICIA HOLE 82 Street Address (P.O. Box Number is Not Acceptable) 13355 SOUTH BELCHER RD, SUITE R 83 84 City LARGO FL 85 Zip Code 33773	
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I, the undersigned, being a resident of the State of Florida, do hereby certify that the above-named corporation is a corporation of the State of Florida, and that the above-named agent is a resident of the State of Florida, and that the above-named agent is a resident of the State of Florida, and that the above-named agent is a resident of the State of Florida.

SIGNATURE: Patricia A. Hole DATE: 6/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLE, PATRICIA A 13355 SOUTH BELCHER ROAD, SUITE R LARGO FL 34643 33773	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, MARION 13355 SOUTH BELCHER ROAD, SUITE R LARGO FL 34643 33773	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: Patricia A. Hole DATE: 6/10/97

CP2E034 (9/96)