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Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

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

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: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: PATRICIA HOLE, 13355 SOUTH BELCHER RD, SUITE R, LARGO FL 33773

I, Patricia A. Hole, pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

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

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

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

CP2E034 (9/96)