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

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

STREET ADDRESS

CITY-ST-7IP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

05-01-1999 90047 033 ***150.00

DOCUMENT # P9600001943 1. Corporation Name	, <u>, , , , , , , , , , , , , , , , , , </u>
TPC MARKETING, INC.	

TPC MARKETING, INC Principal Place of Business Mailing Address 6250 NORTH ANDREWS AVENUE 6250 NORTH ANDREWS AVENUE SHITE 105 SUITE 105 DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 3. Date Incorporated or Qualifed egorica. 01/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 12717 West Sunge BLUD 12717 WEST SUNPLED BLUD 65-0635831 Not Applicable 26 \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Country **₽**No USA 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 UGLES, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1540 N.W. 128TH DRIVE SUITE 301 83 SUNRISE FL 33323 84 85 Zip Code City 11. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE PCD **UGLES. RICHARD** 1.2 NAME NAME 1540 N.W. 128TH DRIVE, SUITE 301 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 2.1 TITLE TITI F 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DFLETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change □ Addition 4.1 TITLE TIME 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61TITE ☐ Change ☐ Addition DELETE TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CR2E034 (11/98)