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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra S. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P96000010118 (3) TPC SALES & MARKETING, INC. Principal Place of Business Mailing Address 1556 EAST COMMERCIAL BLVD. 1556 EAST COMMERCIAL BLVD. FT. LAUDERDALE FL 33334-5752 FT. LAUDERDALE FL 33334 Date Incorporated or Qualified 3a. Date of Last Report 01/31/1996 2a. Mailing Address FEI Number 68-0697988 2. Principal Place of Business Applied For 26 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Country 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WEISSMAN, HAROLD robing, Harvey 1776 PINE ISLAND RD. Street Address 82 SUITE 118 83 PLANTATION FL 33322 PT. LAUDGROALE 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 Forida, Such obling 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 n (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE 1.1 TITLE Change Addition TITLE ROBINA, HARVEY robins, Harvey NAME 1.2 NAME 1556 E. COMMERCIAL BLVD. STREET ADDRESS 1.3 STREET ADORESS FT. LAUDERALE FL 33334 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE 21 TITLE 51 Addition TITLE MULLINE. MICHAEL 22 NAME NAME 1556 E. COMMERCIAL BLVD. STREET ADDRESS 2.3 STREET ADORESS FT. LAUDERALE FL 33334 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change ___ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change 4.1 DTLE TITLE 000002196580 -05/30/97--01101--026 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS ***165.00 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 61 TITLE NAME 62 NAME 6.3 STREET ADDRA STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 2

I do hereby certify that the information supplied with this fill to 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 supply mental finnual report is true and accredite 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 release empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an appears in the another statement in the appears in Block 12 or Block 13 if changed, or or an appears in Block 12 or Block 13 if changed, or or an appear in the appears in Block 12 or Block 13 if changed, or or an appear in the appears in Block 12 or Block 13 if changed, or or an appear in the appear in Block 12 or Block 13 if changed, or or an appear in the appear in the appear in the appear in Block 12 or Block 13 if changed, or or an appear in the appear in the

SIGNATURE: SIGNATURE AND TYPED OR PRI

NTED NAME OF SIGNING OFFICE

2-25-97

FILED

May 19 1997 8:00am

Secretary of State