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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POGOCO21750

Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90032 038 ***150.00

1. Corporati	ion ivame	0021709					
TIA OF	FLORIDA, INC.						
Principal Pla	ce of Business	Mailing Address					
1704 DI OURT DOAR							
SUITE 905 POMPANO BEACH FL POMPANO BEACH FL SUITE 905 POMPANO BEACH FL							
					DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualifed	-	
					03/11/1996		. [
<u>⊢</u>	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 Suito Ant	# 610	26			65-0667814	N	lot Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & Sta	nte	City & State				Fee R	Required
23		28			6. Election Campaign Financing		May Be
Zip	Country	Zip	Count	trv	Trust Fund Contribution		to Fees
24				.,	8. This corporation owes the current year in		
	9. Name and Address of Curre		30		Personal Property Tax. 10. Name and Address of New Registered	Yes	□No
244			8	31 Name		Agent	
RANDAZZO, VINCENT			<u> </u>	10 0 11			
1791 BLOUNT ROAD			ا	Street Ad	dress (P.O. Box Number is Not Acceptable)		
SUITE 905			8	33	· · · · · · · · · · · · · · · · · · ·		
POMPANO BEACH FL 33069			_				
			1	City	FI	1 1 '	Code
11. Pursuant	to the provisions of Sections 607.050	and 607.1508, Florida Statu	ites, the abo	ve-named cor	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing its	registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Morida Such change was a ations of Section 607.0505. Fi	authorized b orida Statute	y the corporat	tion's board of directors. I hereby accept the appoint	intment as re	gistered
SIGNATURE	I mulh	MYIN		,,,	<i>y /</i>	20 %	312
			E: Registered Ag	jent signature requi	red when reinstating) DATE	20 Ja	[7
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DRS IN 12
TITLE	PTD PANDATTO MINOSHIT	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	RANDAZZO, VINCENT		1.2 NAME	•		•	Í
STREET ADDRESS	2630 ALOE AVENUE		1.3 STRE	ET ADDRESS	~		ļ
CITY-ST-ZIP TITLE	COCONUT CREEK FL 33063 SVD		1.4 CiTY-				
NAME	- · -	☐ DELETE	2.1 TITLE	•		☐ Change	☐ Addition
	RANDAZZO, ROCHELLE 2630 ALOE AVENUE		2.2 NAME				}
STREET ADDRESS	COCONUT CREEK FL 33063		1	ET ADDRESS			Į.
CITY-ST-ZIP TITLE	COCONOT CHEEK FL 33063	□ DELÉTE	2.4 CITY-				
NAME		C) DETEL	3.1 TITLE			Change	☐ Addition
STREET ADDRESS			3.2 NAME				
CITY-ST-ZIP				ET ADDRESS			1
TITLE		☐ DELETE	3.4. CITY-				
NAME			4.1 TITLE			☐ Change	Addition
STREET ADDRESS			4. 2 NAME	1			
CITY-ST-ZIP				ET ADDRESS			ļ
TITLE		☐ DELETE	4.4 CITY-5	51-ZIP			C7 4 1 00
NAME			5.2 NAME	1	·	☐ Change	Addition
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			5.4 CiTY-S	1			
TITLE		☐ DELETE	6.1 TITLE	-		Change	[] Addition
NAME			6.2 NAME	İ			Addition
STREET ADDRESS							1

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP