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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026206 (8)

TVI DESIGN, INC.

FILED Jun 10 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailin	Mailing Address									
10210 B.W. 50TH COURT				10210 S.W. 50TH COURT				}				
COOPER CITY FL \$3328			COOP	COOPER CITY FL 33328-4927								
								-	3. Date incorporated or Qualified 03/25/1996	3a. D	ate of Last R	leport
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Ar Ar	oplied For
21			26									ot Applicable
Sulte, Apt.	#, etc.	27 Su						5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State				City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip		Country	Zı	р	Co	untry	У		8. This corporation has liability for it			. 199.032,
24		25	29	·	30						No No	
		ind Address of Curren	t Registere	ed Agent		1	T		Name and Address of New Reg	lstered	Agent	
	viile, john					81	Name					
•1∰1 N PALM AVENUE #212				82 Street Ad			Addres	dress (P.O. Box Number is Not Acceptable)				
PBM	abroke Pin	ES Fl. 33026				_		<u></u>				
•						83	1					
,						84	City				85 Zip	Code
						_	1	, ,		<u>FL</u>	.	
11. Pursuant	to the provision	ins of Sections 607.050	2 and 607.1	1508, Florida Statut Such change was	tes, the a	abovi	e-named	l corpora	ition submits this statement for the p is board of directors. I hereby accep	irpose o	f changing it	ts registered
agent. I a	m familiar with	, and accept the obliga	ations of, Se	oction 607.0505, Fl	orida Sta	atute	S.	porumen	o board of antonion. Thoroby tabout	· inc upp	JOH HATTONIC CIO	regionered
SIGNATURE		<u></u>										
12.	Signature, typed o	r printed name of registered age OFFICERS AND			E. Register	od Ap	ent signature	e required v	hen reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTOR	2S INI 12
TITLE	PD	OF FOLIS AND	DINLOTO	DELETE		TITLE		T	ADDITIONS/OFFANGES TO OFFICE	- NO AINE	Change	Addition
NAME	TIEGS, VI	CKY				NAME					LL Onongo	
STREET ADDRESS		V. 50TH COURT					T ADDRESS					
CITY-ST-ZIP		CITY FL 33328			1		ST-ZIP	1				
TITLE	STD			DELETE		IITLE	31-[11	 			Change	Addition
NAME	ISSACS, T	IMOTHY		_		NAME						
STREET ADDRESS		V. 50TH COURT					T ADDRESS					
CITY-ST-ZIP		CITY FL 33328					ST-ZIP		,			
TITLE				DELETE		TITLE	V. 1.11	1			Change	Addition
NAME					3.21	NAME	ļ					
STREET ADDRESS					3.3 3	STREET	ADDRESS					,
CITY-ST-ZIP					3.4	CITY-:	S1-ZIP		•			
TITLE			· •	DELETE		ITLE		1			Change	Addition
NAME					4.2	NAME				-		
STREET ADDRESS					4.3 \$	STREET	I ADDRESS					
CITY-ST-ZIP					4.4 (CITY - S	ST-ZIP					
TITLE			- 4/	DELETE	5.1	IILE		Ţ			Change	Addition
NAME					5.21	NAMÉ						i
STREET ADDRESS					5.3 9	STREET	ADDRESS	1				,
CITY-ST-ZIP					540	DITY-S	ST - 71P					
TITLE				DELETE	6.11	ITLE					Change	☐ Addition
NAME					6.2	VAME						
STREET ADDRESS					6.3 5	STREET	r address					
CITY-ST-ZIP					6.4	HTY-S	ST- <i>Z</i> IP	}				l
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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 eath; 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 12 if changed, or on an attachment with an address.

OLONIATURE.