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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90015 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000037972**

1. Corporation Name

TMP BUSINESS INCORPORATED

Principal Place of Business

**285 NW ST. JAMES DR.
PORT ST. LUCIE FL 34953
US**

Mailing Address

**3420 MAPP RD
PALM CITY FL 34990
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1996

4. FEI Number

65-0663786

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

**PATEL, NAYAN
401 LAKE AVE.
LAKEWORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/6/99

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**
NAME **PATEL, NAYAN**
STREET ADDRESS **35 BUXTON LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33462**

TITLE **D** ☐ DELETE
NAME **PATEL, RAJESH**
STREET ADDRESS **49848 COOKE AVE.**
CITY-ST-ZIP **PLYMOUTH TWP. MI 48170**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/S** ☒ Change ☐ Addition
1.2 NAME **PATEL NAYAN**
1.3 STREET ADDRESS **35 BUXTON LN**
1.4 CITY-ST-ZIP **BOYNTON BEACH, FL 33462**

2.1 TITLE **D/P** ☒ Change ☐ Addition
2.2 NAME **PATEL RAJESH**
2.3 STREET ADDRESS **49848 COOKE**
2.4 CITY-ST-ZIP **PLYMOUTH, MI 48170**

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **PATEL HINA**
3.3 STREET ADDRESS **373 NW MEJESTIC**
3.4 CITY-ST-ZIP **PORT ST LUCIE, FL 34984**

4.1 TITLE **V** ☐ Change ☒ Addition
4.2 NAME **SHAH SONAL**
4.3 STREET ADDRESS **4911 NW ST. JAMES DR**
4.4 CITY-ST-ZIP **PORT ST LUCIE, FL 34983**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 I am empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/99 (561) 343-8004

Date

Daytime Phone #

CR2E034 (11/98)