

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000042009 (6)

1. Corporation Name
--TPCN; INC.--

GTG OF NAPLES, INC.


Principal Place of Business 2706 S. HORSESHOE DRIVE #223 NAPLES FL 33942	Mailing Address 2706 S. HORSESHOE DRIVE #223 NAPLES FL 34104-6100
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2. Principal Place of Business 21 2706 S. Horseshoe Drive Suite, Apt. #, etc. 22 # 103 City & State 23 Naples, FL Zip 24 34104		2a. Mailing Address 26 2706 S. Horseshoe Drive Suite, Apt. #, etc. 27 # 103 City & State 28 Naples, FL Zip 29 34104 Country 25 USA 30 USA		3. Date Incorporated or Qualified 05/16/1996	3a. Date of Last Report
		4. FEI Number 65-0665504		Applied For Not Applicable	
		5. Certificate of Status Desired XX		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RASMUSSEN, WILLIAM F 2706 S. HORSESHOE DRIVE #223 NAPLES FL 33942		10. Name and Address of New Registered Agent 81 Name Glenn J. Rasmussen 82 Street Address (P.O. Box Number is Not Acceptable) 180 Napa Ridge East 83 84 City Naples FL 85 Zip Code 34119	
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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  DATE **04-24-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RASMUSSEN, WILLIAM F		1.2 NAME Glenn J. Rasmussen	
STREET ADDRESS 2706 S. HORSESHOE DRIVE #223		1.3 STREET ADDRESS 180 Napa Ridge East	
CITY-ST-ZIP NAPLES FL 33942		1.4 CITY-ST-ZIP Naples, FL 34119	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME S. Janane Rasmussen	
STREET ADDRESS		2.3 STREET ADDRESS 180 Napa Ridge East	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Naples, FL 34119	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE:  **Glenn J. Rasmussen** DATE **04-24-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)