SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PHOFIT# CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000044354 (4) FII FD

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TOTAL CONCEPT MANAGEMENT GROUP, INC. Principal Place of Business Mailino Address 9900 W SAMPLE RD 9900 W SAMPLE RD SUITE 400 SUITE 400 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution 23 28 Added to Fees Zip Zip Country Country This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KONIGSBERG, N. SANDY **B1** Name 9900 W SAMPLE RD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 400 83 **CORAL SPRINGS FL 33065** 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes. Signature, typod or printed name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) 13. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE PETILLO, FREDERICK NAME 1.2 NAME 10562 FENWAY PL STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-ZIP 1.4 City-St-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TiTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 400002257484---08/05/97--01007--022 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

****165.00 ****165.00 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.



July 24, 1997

Florida Department of State P.O. Box 6327 Tallahassee, Fl

To Whom It May Concern:

Enclosed is a payment of \$165 for the annual corporation fee.

This second notice was just received by my registered agent. The first notice was never received by them nor by my corporation.

Because of this oversight I am enclosing the original fee of \$165.

Sincerely,

Fred Petillo President