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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048226 (0)

1. Corporation Name
T.C. PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

~~1 NORTH OCEAN BLVD. SUITE 6~~
~~BOCA RATON FL 33433~~
2070 SW 54th St
Miami, FL 33155

~~1 NORTH OCEAN BLVD. SUITE 6~~
~~BOCA RATON FL 33433~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1996

2. Principal Place of Business

21 7070 SW 54th St.

2a. Mailing Address

26 P.O. Box 143509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33155

Country

25 US

Zip

29 33114-3609

Country

4. FEI Number 68-0773457

APPLIED FOR

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORMIER, THOMAS J
1 N. OCEAN BLVD.
STE 6
BOCA RATON FL 33433

81 Name

Same

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

7070 SW 54th St.

83

84 City

Miami

FL

85 Zip Code

33155

11. Pursuant to the provisions of Sections 607.0602 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

Thomas J. Cormier

5/1/98

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME COMIER, TOM (Pls. correct spelling)
STREET ADDRESS 67 NW 45TH AVE #305
CITY-ST-ZIP DEERFIELD BEACH FL 33442

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME DD Cormier Thomas J.
1.3 STREET ADDRESS 7070 SW 54th St.
1.4 CITY-ST-ZIP Miami, FL 33155

TITLE ☐ DELETE
NAME VD CROWE, DENNIS V
STREET ADDRESS 19990 COLLINS AVENUE
CITY-ST-ZIP N. MIAMI BEACH FL 33160

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME VD CROWE, Dennis V
2.3 STREET ADDRESS 3100 Seasons Way
2.4 CITY-ST-ZIP Estero, FL 33928

TITLE ☐ DELETE
NAME STD CORMIER, MARYLYNN H
STREET ADDRESS 67 NW 45TH AVENUE #305
CITY-ST-ZIP DEERFIELD BEACH FL 33442

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME STD Cormier Marylynn H.
3.3 STREET ADDRESS 7070 SW 54th St.
3.4 CITY-ST-ZIP Miami, FL 33155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE

5/1/98

CR2E034 (10/97)