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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000050315 (6)

T. Q. MCDONNELL & ASSOCIATES, INC.

Principal Place of Business	Mailing Address			
250 HOLMES BLVD JNIT 27	6250 HOLMES BLVD UNIT 27			

UNIT 27 HOLMES BEACH	4 Ft 94917	UNIT 27 HOLMES BEACH FL 34	4217-1668			
TIOLINEO OLNO	T T VIET	11001100 02111111			3. Date Incorporated or Qualified 06/13/1996	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number :	Applied For
21	AM	26 SAM			65-0660223	Not Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.			. <b>5.</b> Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	7ip	Cou	intry	8. This corporation has liability for	ntangible tax under s. 199.032,
24	25	29	30	,		Yes 🔼 No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
	ONNELL, THOMAS Q			81 Name		
6250	HOLMES BLVD			B2 Street	Address (P.O. Box Number is Not Acceptab	ile)
UNIT						<u> </u>
HOLM	MES BEACH FL 34217		'	83		
				84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508. Florida S	tatutes, the at	ove-namcd	corporation submits this statement for the p	
office or re	egistered agent, or both, in the State	e of Florida, Such change v	vas authorizei	d by the corp	corporation submits this statement for the p poration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE ,	Mars O M Comel		Court !	ll Quine	9 31	30197
12.		jent and tille 4 applicable	(NOTE: Bogistere:	Agent signature	required when retristating)  ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	OFFICERS AN	DELETE		п.	DPVPT5.	Change Addition
NAME		EJ been	1.2 N/			U
				REET ADDRESS	BARBARA, 5º McDONNE	11
STREET ADDRESS					6280 Homes Blub, a	211 67
CITY-ST-ZIP TITLE		DELETE		IY-SI-ZIP	BARBARA, S. McDONNE, 6280 Homes Blub, al Holmes Brack, FLJ421	Change Addition
NAME		<u></u>	22 N/			
STREET ADDRESS				REET ADDRESS		'
CITY-ST-ZIP				11Y-S1-ZIP	•	ì
TITLE		DELETE				Change Addition
NAME			3.2 N/			
STREET ADDRESS				REFT ADDRESS		
CITY-ST-ZIP				1Y-\$1- <i>Z</i> IP		
TITLE		DELE16				Change Addition
NAME			4. 2 N			
STREET ADDRESS			4.3 S1	RELT ADDRESS		
CITY-ST-ZIP				1Y-S1-ZIP		ſ
TITLE		DELETE	5.1 11			Change Addition
NAME			5.2 N/	ME I		
STREET ADDRESS			5.3 ST	RELT ADDRESS		
CITY-ST-ZIP				IY-\$1-7IP		
TITLE		DILETE	G.1 T(1			Change Addition
NAME			6.2 NA	.ME		
STREET ADDRESS				REE1 ADDRESS		}
CITY-ST-ZIP				[Y+\$1+Z P		
	ov certify that the information supplie	ed with this filing does not a			ated in Section 119.07(3)(i), Florida Statutes	s. I further certify that the

• I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19:07(3)(I). Florida Statutes, 1 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 Lam 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 23 if changed, or on an attachment with an address.