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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000052396** (4)

TLC INTERNATIONAL, INC.

						-			. 1 111 121 1
Principal Place of Business Mailing Address						- 1941/1941 NO 19114 SHILL SHIL			
5820 SCHOONER WAY TAMPA FL 33615		5820 SCHOONER WAY TAMPA FL 33615-3638							
						3. Date Incorporated or Qualified 06/19/1996	3a. Dat	e of Last R	Report
2. Principal P 21	lace of Business	2a. Mailing Address 26	11111			4. FEI Number 59 - 3385101	4		pplied For ot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.	***************************************						Additional
22		27				5. Certificate of Status Desired			equired
City & State	6	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zφ 	Country	Zip	<u> </u>	untry		8. This corporation has liability for in			i. 199 .032,
24	25 9. Name and Address of Currer	29	30	1		Florida Statutes 10. Name and Address of New Rec		J No	
JOH	NSON, AMOS N	Togistorou Aguit		81	Name	IV. Italia Bila Address VI Itaw He	istorou A	Saur	
	SCHOONER WAY								
	PA FL 33615			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e}		
				83			***************************************		
				84	City			Table 300	0-4-
					•		FL		Code
orrice or r	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the oblig.	INDERONGA SUCE CERENCE W	as guithoriza	ad hu i	named corporati	oration submits this statement for the poon's board of directors. I hereby accep	rpose of a	changing it intment as	ts registered registered
SIGNATURE:						- -			
	Signature, typed or puried name of registored ago	···			l signature require	ed when reinstating)	DATE		
TITLE	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICE		DIRECTOR Change	RS IN 12
NAME	JOHNSON, AMOS N	C occent	1.1 N			•	L	Unange	Monitorii
STREET ADDRESS	5820 SCHOONER WAY		3		.DDRESS				
CITY-ST-7P	TAMPA FL 33615			XTY•ST-		•			
TITLE	DVST	DELETE	2.1 1		- 21			Change	Addition
NAME	JOHNSON, THERESA D		2.2 N	LAME					
STREET ADDRESS	5820 SCHOONER WAY		2.3 S	TREET A	DDRESS				
CITY-ST-ZIP	TAMPA FL 33615		2.40	CITY - ST	- ZIP	2.5	1.0		
TITLE		DELETE	3.1 Ti	ITLE			Ţ	Change	Addition
NAME			3.2 N	IAME					
STREET ADDRESS					DDRESS				
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NAME		[] DECETE	4.1 1		1		·	Change	Addition
STREET ADDRESS			4.2 N		DDRESS				
CITY-ST-ZIF				ITY·ST-					
TITLE		DELETE	5.1 T		- 211			Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 S	TREET A	DDRESS				
CITY - ST - ZIP			5.4 C	ITY-ST-	ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 FI	ITLE				Change	Addition
NAME			6.2 N	IAME					
STREET ADDRESS			6.3 S	TREET A	DDRESS				
CITY-S1-ZIP		1 20 4 2 000		ITY-ST-			*		
Informatio Lam an ol	n indicated on this annual report or s	supplemental annual report the receiver or trustee emp	is true and a sowered to a	ACCUI:	ale and that	in Section 119 07(3)(i), Florida Statutes my signature shall have the same legal t as required by Chapter 607, Florida St	effect se i	it made un	der neth that