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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000054577 (7)

1. Corporation Name
TPC MANAGEMENT COMPANY

Principal Place of Business
7380 SAND LAKE RD SUITE 510
ORLANDO FL 32819

Mailing Address
7380 SAND LAKE RD SUITE 510
ORLANDO FL 32819-5252



3. Date Incorporated or Qualified
06/17/1996

3a. Date of Last Report

2. Principal Place of Business
21 7380 SAND LAKE ROAD
Suite, Apt. #, etc.

2a. Mailing Address
26 7380 SAND LAKE ROAD
Suite, Apt. #, etc.

4. FEI Number
593384009

Applied For
Not Applicable

22 SUITE #500
City & State

27 SUITE #500
City & State

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 ORLANDO, FLORIDA
Zip Country

28 ORLANDO, FLORIDA
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 32819 25 ORANGE

29 32819 30 ORANGE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PONS, PIERRE R
7380 SAND LAKE RD SUITE 510
ORLANDO FL 32819

81 Name ASTRUM, PAULINE A.
82 Street Address (P.O. Box Number is Not Acceptable)
7380 SAND LAKE ROAD, SUITE #500
83
84 City ORLANDO FL 85 Zip Code 32819

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 Pauline A. Astrum - Pauline A. Astrum, V. Pres./Treas.
Signature typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)

DATE 4/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME PONS, PIERRE R
STREET ADDRESS 7380 SAND LAKE RD SUITE 510
CITY-ST-ZIP ORLANDO FL 32819

1.1 TITLE P/T ☒ Change ☐ Addition
1.2 NAME PONS, PIERRE R
1.3 STREET ADDRESS 7380 SAND LAKE ROAD, SUITE #500
1.4 CITY-ST-ZIP ORLANDO, FLORIDA 32819

TITLE D ☐ DELETE
NAME ASTRUM, PAULINE A
STREET ADDRESS 7380 SAND LAKE RD SUITE 510
CITY-ST-ZIP ORLANDO FL 32819

2.1 TITLE V/T ☒ Change ☐ Addition
2.2 NAME ASTRUM, PAULINE A
2.3 STREET ADDRESS 7380 SAND LAKE ROAD, SUITE #500
2.4 CITY-ST-ZIP ORLANDO, FLORIDA 32819

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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: Pauline A. Astrum President/Treasurer 4/10/97 407646-1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)