## FILE NOW: FILING FEE AFTER MAY 1874S \$550.00

## **PROFIT** COMPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #	P960000	0 56919	
TGMA	Financial	Semul zone	

**FILED** Feb 19 1998 8:00am Secretary of State

	TGMA FINANCIAL	Semuel	Sur		
				<u> </u>	
Principal Plac	the of Business  Mailing  The Springer Fl 33067	g Address	W. PKKO	, <sub>y</sub>	
77		3711	1 6/2	10	
C	161 Spinge El 33067	(0/+/	(propress	DO NOT WRITE IN THIS	SPACE
		·		4/0-/1	
2. Principal F	26		m 86×6	4 FEI Number 65 - 067 FYOP	Applied For Not Applicable
Suile, Apt.	. #, elc. Su	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		y & State / J	town et	6. Election Campaign Financing	\$5.00 May Be
23	150			Trust Fund Contribution	Added to Fees
Zıp	Country	73067	Country	8. This corporation owes or has paid the cur	
24	25   29   29   - 9. Name and Address of Current Registers	4-	30	Personal Property Tax due June 30. > 10. Name and Address of New Registered	Yes LI No
			81 Name	Anthorn Gridie	-gont
	Anthony Guidice		82 Street A		
	1 rul in porte	برمار		ddress (P.O. Box Number is Not Acceptable)	<b>✓</b>
	Carol Sprayiff		83		
	Care J Pringing	), 5 6 /	84 City	Carol Springe El	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502 and 607 1	508 Florida Statute	s the above-named o	orporation submits this statement for the ourpose of	<u>'                                    </u>
office or i	registered agent, or both, in the State of Florida	Such change was au	ulhorized by the corpo	orporation submits this statement for the purpose of oration's board of directors. I hereby accept the appora-	ointment as registered
CICNATURE	registered agent, or both, in the state of montal am lamiliar with, and accept the obligations of Se	MIKA	الملا عامالات	2/11	192
SIGNATURE	Signature: typed or profed have of registract against and stead against	alication (NOTE	Registered Agent signature re		
12.	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
NAME	Anthony Guidice	President	1.1 TITLE 1.2 NAME		Change  Addition
STREET ADDRESS	7-411 Non 2. P. 1000	<i>y</i> ,	1.3 STREET ADDRESS		
CITY-ST-ZIP	Cord Springs H 33	~ 9	1.4 CITY- ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE	1. (A. (A. (A. (A. (A. (A. (A. (A. (A. (A	Change Addition
NAME			2 2 NAME		
STREET ADDRESS		-	2.3 STREET ADDRESS		
CITY-ST-ZIP		D priete	2. 4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	3 1 TITLE 3 2 NAME	•	Change Addition
STREET ADDRESS			3 2 NAME 3 3 STREET ADDRESS		1
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-2IP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 THE		Change Addition
NAME STOLET ADDRESS			5.2 NAME	1	6 1/10
STREET ADDRESS City-St-Zip			5.3 STREET ADDRESS 5.4 City-St-Zip	<i>\$1</i>	1/1/1
TITLE		DELETE	6.1 TITLE	/	Change
NAME			6.2 NAME **	2000024361 -02/20/98010140	12
STREET ADDRESS			6 3 STREET ADDRESS	-02/20/98010140	31
017 / 67 7/0			CADITY DI TIO	***150 <b>.</b> 00	i

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 suppliemental 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 employing 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 altachment with an address.

SIGNATURE: