03-29-1999 90001 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P96000058704
	I GGGGGGGG G I

1. Corporation Name

TLC ENTERPRISE, INC.



						1861 2011 BIBI 1001	
Principal Place of Business Mailing Address							
87745 OVERSEAS HIGHWAY 87745 OVERSEAS HIGHWAY							
WAREHOUSE 3 WAREHOUSE 3			DO NOT MIDITE IN THIS SPACE				
ISLAMORADA FL 33036 ISLAMORADA FL 33036			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 07/11/1996		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0681331	Not Applicable	
Suite, Ap	#, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	75 Additional			
22	27			5. Certificate of Status Desired	e Required		
City & Sta	State City & State			6. Election Campaign Financing \$5.	00 May Be		
23		28			Trust Fund Contribution Add	ded to Fees	
Zip	Country	<u> </u>	Zip Country		8. This corporation owes the current year Intangily's		
24	25	29 30	<u> </u>		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
00	DEDT INCOLLEUNE		81	Name			
i	LBERT, JACQUEUNE		82	82 Street Address (P.O. Box Number is Not Acceptable)			
	745 OVERSEAS HIGHWAY						
	REHOUSE 3		83				
12	AMORADA FL 33036		84	City	—. 85	Zip Code	
				1	FL		
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Age	nt signature requi	red when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS .	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	D	DELETE	1.1 TITLE		□ Cha	nge 💢 Addition	
NAME	COLBERT, JACQUELINE 12N		1.2 NAME		Donald Colbert 81745 overseas Hwy #3		
STREET ADDRES	ss 87200 OVERSEAS HIGHWAY, Q2 1.3 ST		1.3 STREE	TADDRESS	81145 over seas nuy FJ		
CITY-ST-ZIP	ISLAMORADA FL 33036		1.4 CITY-S	T-ZIP	Islamoroda, Fl 33036		
TITLE		☐ DELETE	2.1 TITLE		☐ Cha	nge 🗌 Addition	
NAME			2.2 NAME				
STREET ADDRES	S	•	2.3 STREET ADDRESS				
=City:St-Zip)===	· ·	240		ST-ZIP		المستحديد المستحديد	
TITLE	1.	☐ DELETE 3.1 TI			· Cha	nge Addition	
NAME		32 N					
STREET ADDRES			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	•	Ì	
TITLE		DELETE 4.17			☐ Cha	nge Addition	
NAME			4. 2 NAME				
STREET ADDRES	e e			T ADDRESS			
CITY-ST-ZIP	~[4.4 CITY-S				
TITLE	 	☐ DELETE	5.1 TITLE		☐ Cha	nge Addition	
NAME .		-	5.2 NAME				
STREET ADDRES				TADDRESS	·		
CITY-ST-ZIP	~		5.4 CITY-S				
TITLE		☐ DELETE			· Cha	nge Addition	
NAME			6.2 NAME		, –		
	0.00			T ADDRESS			
STREET ADDRES	200		84 CITY-S	Į.	·		

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, with all other like empowered.