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

PROFIT **CORPORATION** ANNUAL REPORT

199.9

CITY-ST-7IP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000062648 (6) DOCUMENT #
1. Corporation Name

THOMAS GROUP REALTY CORP.

May 24, 1999 8:00 am Secretary of State

05-24-1999 90010 048 ***158.75

Principal Place of Business Mailing Address						. i seniadi ifë ishië dirk ëshi dalik shlir shlir shi shis ilena etili bitai ishi fibil			
16499 NE 19th AV, 16499 NE 19th									•
SULTUR	1408	SUITE -1	08.			DO NOT WRITE IN THIS SPACE			
SUITE 108, SUITE 108, MIAMI, FL. 3			-	62		3. Date Incorporated or Qualified 07/24/1996			
2. Principal Pl	ace of Business	2a. Mailing Add	ress			4. FEI Number 65-0690469			oplied For ot Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #	, etc.			5. Certificate of Status Desired	X	T	Additional equired
City & State	.	City & State				Electron Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	. —	ountry	<i>'</i>	8. This corporation owes or has p	_		
·;	25 Name and Address of 6	29 Current Registered Agent	30			Personal Property Tax due Jur 10. Name and Address of New F			_l No
	g, Name and Address of (Current Hegistered Agent	··	81	Name	10. Name and Address of New F	redistered y	igent	
	OMAS, ROY	825 NE 9th A	V . ⇒ ∀^	<u> </u>	1421110				
				82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
MIAMI FL 33161 MIAMI		$\underline{AMI}_{L}, \underline{FL}_{-2}331$		83	1400-1-0-1				
					148	25 NE 9th AV			
				84	City	IIAMI	FL	85 3 ^{Zip} .	Code 161
11. Pursuant t	to the gravisions of Sections 6	07.0502 and 607.1508. Flor	da Statutes, the	abov		poration submits this statement for the			
office or re	egistered agent, or both, in the m familiar with and access the	State of Florida, Such char	nge was authori	zed by	y the corporat	tion's board of directors. I hereby acc	ept the app	pintment as	registered
	TO CA COLO	no Rou 7	HOH A	5	5.	04/30/99		· · ·	. •
SIGNATURE .	Signature, typed or orning name of regs:	texas-ogenicand title if applicable.		ered Age	ent signature requir	red when reinsulting)	DATE		
12.		RS AND DIRECTORS	1			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	IS IN 12
TITLE	D	<u> </u>	ELETE 1.	ITTLE				Change	Addition
NAME	THOMAS, ROY	1.4005: ND 10	1	2 NAME					
STREET ADORESS	450 N.E. 114 STREET	14825 NE 9		3 STREET	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33161	miami, fl.	33101	4 CITY - S	ST - 71P				
TITLE			ELETE 2.	i TITLE				Change	Addition
NAME			2.	2 NAME					
STREET ADDRESS			2.	3 STREET	T ADDRESS				•
CITY-ST-ZIP			2	4 CMY-	ST-ZIP	<u> </u>			
IIILE	:		ELETE 3.	1 TITLE		···		Change	Addition
WME			3.	2 NAME	Ì				
STREET ADDRESS	•		3.	3 STREET	T ADDRESS			_	
CNY-ST-ZIP			3.	4. CITY-	ST-ZIP				
TITLE			DELETE 4.	1 TITLE				Change	Addition
NAME	`	<i>"</i> ;	4.	2 NAME	:				
STREET ADDRESS		-	- 4.	3 STREE	T ADDRESS				
CITY-ST-ZIP				4 CITY-	ST-ZIP				
ııurέ			ELETE 5.	1 TITLE				Change	Addition
NAME			5	2 NAME	1				
STREET ADDRESS			5.	3 STREE	T ADDRESS				
CITY-ST-ZIP			. 5	4 CITY-				T-1 a:	T t t state =
TITLE)		الما	DELETE 6	.1 TITLE]			L) Change	Addition
NAME			. 6	2 NAME		•			
STREET ADDRESS			6	.3 STREE	T ADDRESS				

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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