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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9600080210 (3)

## FILED Apr 18 1997 8:00am Secretary of State

T.M.S.G., INC.				
Principal Place of Business  P O BOX \$33098  ORLANDO FL \$2853-3098	Mailing Address P O BOX 533098 ORLANDO FL 32653-3088			t totale the total path and some and father and being upon their one total
}				3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1996
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21	26			59*3432502   Not Applicable
Suite, Apt #, 6tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Regulred
City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23	28			Trust Fund Contribution
Zip Country	Z <sub>1</sub> p	Coun	try	8. This corporation has liability for intangible tax under s. 199.032,     Florida Statutes
25 25 9. Name and Address of Current R		30		10. Name and Address of New Registered Agent
TASE, TERRY M			1 Name	)
1509 E CENTRAL BLVD	,		32 Street	Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32801			<u></u>	The state of the s
			33	
		į į	64 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 a	nd 607 1508. Florida Statute	s the ah	l ove-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 a	uthorized	by the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE.	13 01, 0001011 007.0000, 110	nda olala	103.	
Signature, typed or punted name of registered agent ar			Agent signature	re required when reinstaling) DATE
12. OFFICERS AND D		13.	-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
IIIuF	☐ DEŁETE	1.1 Tri (		) <del>المستحد</del> " <del>المستحد</del>
NAME CONTROL FORMACCO		1.2 NAI		1509 E Central Blut
STREET ADDRESS  CITY-S1-VAP		4	EET ADDRESS - ST-ZIP	Orlando, FL 32801
11/LE	DELETE	2.1 TiTL		Vice Product Change Addition
NAME		2.2 NAM	1E	Grea Clifford
STREET ADDRESS		2.3 STR	EET ADDRESS	Ille W Wyndan Ct
CITY - ST - ZIP		2. 4 CIT	Y - ST - ZIP	Languaged, FL 32771
TRILE	DELETE	3.1 TITE	E	Secretary Change Maddition
NAME		3.2 NAI		Suzanna Clifford
STREET ADDRESS			EET ADDRESS	11) 4 44
CHA- Si- Ma	DELETE	3.4. CIT 4.1 TITU	Y-ST-ZIP	Change Change Change
TITES NAME	□ pettere	4.2 NA		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STRE   ADDRESS			EET ADDRESS	menssa 193
CBY+ST-ZP		1	r-ST-Zip	Melissa Tos 1509 E Central Blud Octordo, Ph. 52501
THE	DELETE	5 1 TIT		Change Addition
NAME		5.2 NA	AE .	
STREET ADDRESS		5.3 STR	EET ADDRESS	
CITY- ST- ZIP			1-ST-ZIP	
7111.5	DELETE	6.1 TITI		Change Addition
NAME		6.2 NA	AE	
STREET ADDRESS				
CITY-S1-ZIP			EET ADDRESS 7-ST-ZIP	

14. I do hereby certly 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

\$7-896-2328