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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000088451 (5) DOCUMENT #

TSCM INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED Mar 03 1998 8:00am Secretary of State



489 SHERIDAN AVENUE 489 SHERIDAN AVENUE SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3418499 26 Not Applicable Suite, Apt. #, etc. Suite Ant # etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BREWER, RAYMOND L 489 SHERIDAN AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SATELLITE BEACH FL 32937 83 84 City 85 Zip Code 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 smill it with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Addition 1.1 TITLE Change BREWER, RAYMOND L Annete Brever NAME 1.2 NAME 489 Sheridan Aus. **489 SHERIDAN AVENUE** STREET ADDRESS 1.3 STREET ADDRESS Satellite Beach, FL 32537 **SATELLITE BEACH FL 32937** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE 2.1 TITLE Change Helen G-Wright 134 Windward Way WRIGHT, C. NELSON NAME 2.2 NAME 134 WINDWARD WAY STREET ADDRESS 2.3 STREET ADDRESS Indian Harbour Barch, FL INDIAN HARBOUR BEACH FL 32937 32537 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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