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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000090921 (3)

TEAM 2, INC.

Principal Place of Business

Charle Santa

FILED

97 APR -2 PM 12: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



200 EAST BROWARD BLVD, 15TH FLOOR FORT LAUDERDALE FL 33301		200 EAST BROWARD BLVD. 15TH FLOOR FORT LAUDERDALE FL 33301-1963					
					3. Date Incorporated or Qualified 11/06/1996	3a. Date of Last Report N/A	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 Culto Ani # ata		[26]				Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re-	gistered Agent	
	NZ, DENISE		81	I Name			
200 EAST BROWARD BLVD. 15TH FLOOR			82	Street Add	et Address (P.O. Box Number is Not Acceptable)		
FOF	RT LAUDERDALE FL 33301		83			· · · · · · · · · · · · · · · · · · ·	
			84	City		FL 85 Zip Code	
11. Pursuant office or re	to the provisions of Sections 607.00 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Florida Statuto to of Florida, Such change was a	es, the about	ve-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered a				ulred when reinstaing)	DATE	
12.		ND DIRECTORS	13.	jont signature requ	ADDITIONS/CHANGES TO OFFIC		
TITLE	D/P/S/T	DELETE	1.1 TITLE	T	Nooth a to of ho	Change Addition	
NAME	Ganz, Denise		1.2 NAME		4000021	316449	
STREET ADDRESS	200 R. Broward Bl	vđ., 15th floor	1.3 STREET ADDRESS		~U4/U2/ *********	9701095021 5 00 *****165 00	
CITY-ST-ZIP	Ft. Lauderdale, I	L_33301	1.4 CITY-	S1 - ZIP	****15	5.00 ***165.00	
TITLE	•	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2 4 CITY 3.1 TITLE	S1 - ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME		□ orrest	3.3 THEE			LI CHAIGE LI Addition	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4 CBY-				
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	51100		•	Change Addition	
NAME			5.2 NAME				
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP		T DELETE	5.4 CITY-	S1 - 7IP		Change Addition	
TITLE NAME		L_1 protit	6.1 TITLE 6.2 NAME				
STREET ADDRESS				1 ADDRESS	N/)	11 000	
CITY-SI-7IP			6.3 STREE		\mathcal{N}	14-2-9-1	
DOTE: DE 617 1			■ U.4 UHT -				

14. I do 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 logal 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:

Denige Ganz, President

(954) 764-6660