

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

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099597 (2)

1. Corporation Name

THE TANDEM GROUP, INC.

Principal Place of Business

THE BREAKWATER AT PELICAN BAY  
760 BENTWATER CIRCLE, NO. 204  
NAPLES FL 34108

Mailing Address

THE BREAKWATER AT PELICAN BAY  
760 BENTWATER CIRCLE, NO. 204  
NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 11725 WATSON PLACE	26 11725 WATSON PLACE	59-3422239	<input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 NAPLES, FL	27 NAPLES, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A
23 Zip 34110	28 Zip 34110		
Country	Country		
24	25	29	30

9. Name and Address of Current Registered Agent

COLEMAN, KEVIN G  
4001 TAMiami TRAIL NORTH, STE. 300  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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.

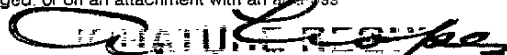
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ALBERT	1.2 NAME	
STREET ADDRESS	760 BENTWATER CIR., NO. 204	1.3 STREET ADDRESS	11725 WATSON PLACE
CITY-ST-ZIP	NAPLES FL 34108	1.4 CITY-ST-ZIP	NAPLES FL 34110
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JUTTA V	2.2 NAME	
STREET ADDRESS	760 BENTWATER CIR., NO. 204	2.3 STREET ADDRESS	11725 WATSON PLACE
CITY-ST-ZIP	NAPLES FL 34108	2.4 CITY-ST-ZIP	NAPLES FL 34110
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:



1128/98 941-597-0070

CR2E034 (10/97)