

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA6000099597**
1. Corporation Name
THE TANDEM GROUP INC

Principal Place of Business Mailing Address
11725 WALTON PLACE 11725 WALTON PLACE
NAPLES, FL NAPLES, FL
34110 34110

2. Principal Place of Business 2a. Mailing Address
21 **11725 WALTON PLACE** 26 **11725 WALTON PLACE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **NAPLES, FL** 28 **NAPLES, FL**
Zip Country Zip Country
24 **34110** 25 Country 29 **34110** 30 Country

9. Name and Address of Current Registered Agent

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPT LOPEZ, ALBERT**
STREET ADDRESS **11725 WALTON PLACE**
CITY-ST-ZIP **NAPLES, FL 34110**
TITLE ☐ DELETE
NAME **DS LOPEZ, JUTIA V**
STREET ADDRESS **11725 WALTON PLACE**
CITY-ST-ZIP **NAPLES, FL 34110**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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-03/10/99-01059-014
*****158.75 ***158.75**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 94-597-0070

FILED

99 MAR -4 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/10/96
4. FEI Number
59-3422239
Applied For ☒ Not Applicable
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No **N/A**
10. Name and Address of New Registered Agent

CR2034 (1/98)