

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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103120 (7)

1. Corporation Name
TCA MANAGEMENT GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5419 NORTHEAST 22 TERRACE FORT LAUDERDALE FL 33308		5419 NORTHEAST 22 TERRACE FORT LAUDERDALE FL 33308	
2. Principal Place of Business		2a. Mailing Address	
21 2898 NORTHWEST 24TH CT	26 2898 NW 24 CT		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 BOCA RATON, FL	28 BOCA RATON, FL		
Zip	Country	Zip	Country
24 33431	25 PALM BEACH	29 33431	30 PALM BEACH

3. Date Incorporated or Qualified 01/01/1997	
4. FEI Number 65-0735684	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		81 Name Joseph R. THOMAS 82 Street Address (P.O. Box Number is Not Acceptable) 2898 NW 24 CT 83 84 City BOCA RATON FL 85 Zip Code 33431	

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 Joseph R. Thomas DATE 1-6-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	P, S, T, C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZPATRICK, MICHAEL J	1.2 NAME	JOSEPH R. THOMAS
STREET ADDRESS	5419 NORTHEAST 22 TERRACE	1.3 STREET ADDRESS	2898 NW 24 CT
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	MICHAEL J. FITZPATRICK
STREET ADDRESS		2.3 STREET ADDRESS	5419 NE 22nd TERRACE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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	
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	
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	
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: Michael J. Fitzpatrick DATE 1/5/98 (954) 894-9895

CR2E034 (10/97)