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

'PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortharg

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700002294 (1)

FILED Feb 12 1998 8:00am Secretary of State

TPL DEVELOPMENT, INC.				
	·			
Principal Place of Bysiness Mailing Address			F 8040	TO SHOULD THE SELLY CORN CONT. SERV. CORN SELLY CORN. SHEET SHEET SERV. SERV. SERV.
3200 SOUTH HIAWASSEE ROAD SUITE 206 ORLANDO FL 32635		3200 SOUTH HIAWASSEE ROAD SUITE 206 ORLANDO FL 32835		DO NOT WRITE IN THIS SPACE
	••••	0.124.00		3. Date Incorporated or Qualified
2. Principal Place	of Duninger	To Mailes Address		01/09/1997
2. Principal Place	e or Bysmoss	2a. Mailing Address		4. FEI Number 59-3427045 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27 Cov. P. Cov.		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	· · · · · · · · · · · · · · · · · · ·	81 Name	10. Name and Address of New Registered Agent
	Corporate Services of Ci I Orange Avenue	ENTHAL FLORIDA		
	1 1100		82 Street	at Address (P.O. Box Number is Not Acceptable)
	NDO FL 32801		83	
			84 City	85 Zip Code
11 Purguent to the	ha arquisions of Sactions CO7 0502	and 607 1509 Florida Statute	ne the above name	d corneration submits this statement for the purpose of changing its registered
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				
Sign	nature, typed or printed name of registered agent			ure required when reinstating) DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
	LAWLER, THOMAS PATRICK	,	1.2 NAME	
	3200 SOUTH HIAWASSEE RD	STE 208	1.3 STREET ADDRESS	3
CITY-ST-ZIP	ORLANDO FL 32835	T percut	1.4 CITY-ST-ZIP	D Character Landscape
TITLE NAME		E DETETE	2.1 TITLE 2.2 NAME	Change Addition
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3 1 TITLE	Change Addition
NAME OTDEET ADODESS			3.2 NAME	
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. City-St-Zip	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME		LJ OLIN IL	5.2 NAME	Sharifu
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	,,		5.4 CITY-ST-ZIP	
TILE		DELETE	6.1 TITLE	Change Addition
NAME STREET ADODESS			6.2 NAME	,
STREET ADDRESS CITY+ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
	fy that the information supplied with	this fiting does not qualify for		ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report is fue 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, over an all attachment with advances.

SIGNATURE

Tau 1-

(10,200 111)