

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

FILED  
May 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 # P97000014689 (8)

1. Corporation Name

TMR-CAMPUS, INC.

Principal Place of Business

8488 W. HILLSBOROUGH AVE., STE. 201  
TAMPA FL 33615-3806

Mailing Address

8488 W. HILLSBOROUGH AVE., STE. 201  
TAMPA FL 33615-3806



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

59-3506755

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30

☐ Yes

☒ No

2. Principal Place of Business

21 5313 Johns RD

Suite, Apt. #, etc.

22 201

City & State

23 Tampa, FL

Zip Country

24 33634 25 USA

2a. Mailing Address

26 5313 Johns RD

Suite, Apt. #, etc.

27 201

City & State

28 Tampa, FL

Zip Country

29 33634 30 USA

9. Name and Address of Current Registered Agent

LURIE, LAURENCE  
917 RIVERBEND BLVD.  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

Charles Broes

82 Street Address (P.O. Box Number is Not Acceptable)

4914 E. Longboat Blvd

83

84 City

Tampa

FL

85 Zip Code

33615

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

Charles Broes

3/16/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME BROES, CHUCK  
STREET ADDRESS 4914 E. LONGBOAT BLVD.  
CITY-ST-ZIP TAMPA FL 33615-3806

TITLE ☐ DELETE

P  
NAME HOOD, DAVID  
STREET ADDRESS 4086 SILVER SPRINGS LN.  
CITY-ST-ZIP COLUMBUS OH 43230

TITLE ☐ DELETE

V  
NAME NEELY, JOSEPH  
STREET ADDRESS 555 SUN VALLEY DR., STE. M2  
CITY-ST-ZIP ROSWELL GA 30076

TITLE ☐ DELETE

ST  
NAME LURIE, LAURENCE  
STREET ADDRESS 917 RIVERBEND BLVD.  
CITY-ST-ZIP LONGWOOD FL 32779

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Charles Broes

3/16/98

(213)241-0062

CR2E034 (10/97)