## 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 # P9700030248

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90008 040 \*\*\*150.00

i. Corporation							
TCS SE	RVICES, INC.						
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·					<del> </del>		A)
Principal Place of Business Mailing Address						•	
1706 NW FEDERAL HIGHWAY 1706 NW FEDERAL HIGHWAY						ł	
STUART FL 34994 STUART FL 34994						DO NOT WRITE IN THIS SPACE	
							—-7
						3. Date Incorporated or Qualifed	- 1
<del></del>		0 As 2: - Add				04/01/1997 4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address							<del></del>
21 26 28 20 20 20 20 20 20 20 20 20 20 20 20 20						- 65-0748501 Not Applicat	76
Suite, Apt. #, etc. Suite, Apt. #, etc						5. Certificate of Status Desired Fee Required	
22 27 City & State City & State						<del></del>	$\dashv$
<del></del> '	— · · · · · · · · · · · · · · · · · · ·				\	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
23 Zip	ip Country Zip Co			Country		This corporation owes the current year Intangible	
<u> </u>	25		[30]			Personal Property Tax.	- 1
24	<del></del>	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	_
	v. Hame and Address of Carrent	regiotore rigent	+	81	Name		$\neg$
KREIDER, REBECCA S			-	_		000	
1706 NW FEDERAL HIGHWAY			}	82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
STUART FL 34994			83				
	•			_			_
				84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t					-named come	paration submits this statement for the nurrose of changing its registers	<del>a</del>
office or r	egistered agent, or both, in the State o	f Florida. Such change was au	ithorized	by t	tne corporatio	on's board of directors. I hereby accept the appointment as registered	ļ
agent.'i a	myamiliar with, and accept the obligati		-	_		4/10/00	
SIGNATURE	Signature, typed or printed name of registered agent	Hebec	Registered /	Soent Loent	t signature required	d when reinstating) DATE	ł
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	:
TITLE	D	☐ DELETE	1.1 आ	E	7	☐ Change ☐ Add	ition
NAME	T.,		1.2 NA	Æ			
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CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP		1		ļ
TITLE			2.1 TM			☐ Change ☐ Add	ition
NAME	MAXWELL, GREG		2.2 NAME		}		- {
STREET ADDRESS	1706 NW FEDERAL HIGHWAY		2.3 STREE		ADDRESS		
CITY-ST-ZIP	STUART FL 34994	* * , 'C + + + + +	2.4 CITY-5		1	<u> </u>	Ì
TITLE	0	☐ DELETÉ	3.1 TITLE		<del></del>	☐ Change ☐ Add	tion
NAME	KREIDER, REBECCA		3.2 NAME		}		
STREET ADDRESS	1706 NW FEDERAL HIGHWAY		3.3 STREE		ADDRESS		ļ
CITY-ST-ZIP	A CONTRACT OF CONT			3.4. CITY-ST-ZIP			i
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NAME	] 🕫	_ "	4. 2 NAME				1
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CITY-ST-ZIP	<sup>50</sup>			5.4 CITY-ST-ZIP			}
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STREET ADDRESS			6.4 Cff		- 1		ĺ
/ JTV ST - 712	,		V-7 - VII		·		_

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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4 19 99 561-692-370

CR2E034 (11/98)