

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

FILED

May 05 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000046489 (5)

1. Corporation Name
TSHI, INC.

Principal Place of Business

1320 S. DIXIE HWY., STE. 830
CORAL GABLES FL 33146

Mailing Address

1320 S. DIXIE HWY., STE. 830
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

65-0761412

Applied For

Not Applicable

2. Principal Place of Business

21 2800 Ponce De Leon Blvd.

Suite, Apt. #, etc.

22 Suite 1125

City & State

23 Coral Gables, Florida

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 2800 Ponce De Leon Blvd.

Suite, Apt. #, etc.

27 Suite 1125

City & State

28 Coral Gables, Florida

Zip

29 33134

Country

30 USA

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$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

9. Name and Address of Current Registered Agent

BREIER, ROBERT G
1320 S. DIXIE HWY., STE. 830
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

Robert G. Breier, Esq.

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

2800 Ponce De Leon Blvd., Suite 1125

83

84 City

Coral Gables

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0507 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, hand or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when initiating)

4/14/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME CHAPLIN, WAYNE E
STREET ADDRESS 1320 S. DIXIE HWY., STE. 830
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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 D
1.3 STREET ADDRESS Simpkins, Ted
1.4 CITY-ST-ZIP 2800 Ponce De Leon Blvd. - Ste. 1125
Coral Gables, FL 33134

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

6.5 TITLE ☐ Change ☐ Addition

6.6 NAME
6.7 STREET ADDRESS
6.8 CITY-ST-ZIP

6.9 TITLE ☐ Change ☐ Addition

6.10 NAME
6.11 STREET ADDRESS
6.12 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 in an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TED SIMPKINS

4/20/98

(562) 926-2000

Date Daytime Phone # 0210576

CR2E034 (10/97)