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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 27 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700064566 (7)

TCS OF SOUTH FLORIDA, INC.

Principal Plac	ce of Business	Mailing Address 2455 E. SUNRISE BLVD				- 1 1981:481 118 (8111 18911 99111 88111 88111 88111 91111 91111 91111 91111 91111 91111		
2455 E. SUM	NRISE BLVD							
#502 FORT LAUDERDALE FL 33304		#502 Fort Lauderdale FL 33304				DO NOT WRITE IN THIS	SPACE	
, roni thou	ENDALE PE 30004	TONI LAUDENDALE IL	. 55504			3. Date Incorporated or Qualified 07/23/1997	A AOL	
2. Principal Place of Business 21		2a. Mailing Address 26				4. FEI Number	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Zip			Zip Country			8. This corporation owes or has paid the cur		
			29 30					_] No
	9. Name and Address of Curre	nt Hegistered Agent		• T	Name	10. Name and Address of New Registered	Agent	
	ROOKE, MARIA		ľ	']				
	155 E. Sunrise BLVD 502		8:	2	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	ORT LAUDERDALE FL 33304		8:	3				
, ,	ON ENDERDALE IE 33304						<del></del>	
			8-	4	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida State	Jies, the abo	ve-	-named corpo	ration submits this statement for the purpose of	changing	its registered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblic	of florida, Such change was indions of, Section 607,0505, F	authorized t lorida Statute	es.	the corporatio	on's board of directors. I hereby accept the app	ointment as	s registered
SIGNATURE		,						
	Signature typed or protect time of registered ag		III : Registered A	gen	nt signature required			
12.		ID DIRLCTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PTD Brooke, Maria	DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	2455 E. SUNRISE BLVD., SL	HTE EOO	1.2 NAME					
STREET ADDRESS	FORT LAUDERDALE FL 3330		1.3 STREE		l			
CITY-ST-ZIP TIPLE	TONT EAGDENDALE TE 3330	DELETE	1.4 C(TY - 2.1 T(TLE		- ZIP		Change	Addition
NAME		C petric	2 2 NAME				Onlinge	E Magnion
STREET ADDRESS			2 3 STREI		ADDRESS			
CITY-ST-ZIP			2 4 CiTY					
TITLE		DELETE	3 1 TITLE				Change	☐ Addition
NAME			3.2 NAME				-	
STREET ADDRESS			3.3 STHEE	E1 A	ADDRESS			
CITY-\$T-ZIP			3.4. CITY	- \$1	r - ZiP			
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4 2 NAM	E.				
STREET ADDRESS			4.3 STREI	ET A	ADDRESS			
CITY-ST-ZIP		The section	4.4 CITY-	• • • • • • • • • • • • • • • • • • • •	- ZIP		TT 0:	
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE					
CITY+\$1-7IP TITLE		DELETE	5.4 CITY- 6.1 TITLE		- ZIP		Change	Addition
NAME		المالدالا	6.1 TILE				CT CHANGE	
	1				ADDDECC			
STREET ADDRESS	1		6.3 STREE	ΙA	IUUKESS			

14. Thereby 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 attachped with an address.