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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

## P97000091940 (1) DOCUMENT # TPS ENTERPRISES GROUP, INC.

## **FILED** Apr 30 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address					- 1 MADITADE CITA ERISE TARAN ARMIN		1011 3001
21308 HAVERHILL ROAD 21308 HAVERHILL ROAD							
W PALM BEACH FL 33415 W PALM BEACH FL 33415					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	IS SPACE	
					10/27/1997		
9 Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Anni	lied For
21 26					65-0791481	<del>   </del>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Ad	
27					5. Certificate of Status Desired	Fee Requ	
City & State City & State					6. Election Campaign Financing	\$5.00 м	lay Be
23		28			Trust Fund Contribution	Added to	
Zip	<u> </u>		Country		8. This corporation owes or has paid the		
24	25		10		Personal Property Tax due June 30.	Yes 🔼	No
	9. Name and Address of Curre	Int Registered Agent	81	Name	10. Name and Address of New Register	ea Agent	
	IERILAWYER		"	Naille T	homas P. Om	$\infty$	
343 ALMERIA AVENUE					ess (P.O. Box Number is Not Acceptable)	2 2 2	
CORAL GABLES FL 33134			83	<u> 5130</u>	-B Haverhill F	<u> </u>	
			03				
			84	City .	Dela Basal	85 Zip Co	
dd Dura nad	to the provisions of Egations 507.06	02 and 607 1509 Florida Statutor	the phous r	<del>سا ده ۱</del>			
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.							
agent. I am familiar with, and accept the obligations of Section 607.050s. Florida Statutes.							
SIGNATURE	Signature typed or printed name of regislated a	a west and talked attack about (NOTE	Registered Agent	suppature require	ed when reinstating) DAT	<u>-~- 10</u>	,
12.		ND DIRECTORS	13.	0.5	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	IN 12
TITLE	PSTD	DELETE	11 TOTLE	1		Change	Addition
NAME	SMOOT, THOMAS P		12 NAME				
STREET ADDRESS	AAAAB AINI EDINI DOAD		1.3 STREET ADDRESS				
CITY+ST-ZIP	W PALM BEACH FL 33415		1.4 CITY-\$1-	21P			8
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NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET AL	ODRESS			
CITY - ST - ZIP			2.4 CITY-ST-	ZIP			
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NAME			3.2 NAME				l
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NAME			5.2 NAME		•		į
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NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A				
CfTY - ST - ZIP			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.