

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

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000095377 (2)**  
 1. Corporation Name  
**T.E.S. OF SOUTH FLORIDA, INC.**



Principal Place of Business <b>17551 S.W. 63RD MANOR FT. LAUDERDALE FL 33331</b>	Mailing Address <b>17551 S.W. 63RD MANOR FT. LAUDERDALE FL 33331</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 5269 N.W. 161 Street</b> Suite, Apt. #, etc		2a. Mailing Address <b>26 5269 N.W. 161 Street</b> Suite, Apt. #, etc		3. Date Incorporated or Qualified <b>11/06/1997</b>	
22 City & State <b>23 Miami FL</b>		27 City & State <b>28 Miami FL</b>		4. FEI Number <b>65-0801036</b>	
24 Zip <b>33014</b>		29 Zip <b>33014</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SANDERS, T E 17551 S.W. 63RD MANOR FT. LAUDERDALE FL 33331</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, T E</b>	1.2 NAME	<b>SANDERS, T.E.</b>
STREET ADDRESS	<b>17551 S.W. 63RD MANOR</b>	1.3 STREET ADDRESS	<b>17551 SW 63rd Manor</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33331</b>	1.4 CITY-ST-ZIP	<b>Ft.Lauderdale FL 33331</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>S</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>SANDERS, BETSY A.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>4719 Grapevine Way Davie FL 33331</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-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 supplement to an 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:** \_\_\_\_\_ **April 8, 1998 305-620-8715**

CR2E034 (10/97)