

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000099122** ✓

1. Corporation Name

**TEAM DEVELOPMENT STRATEGIES, INC.**

Principal Place of Business  
**1728 PARK TERRACE WEST  
ATLANTIC BEACH FL 32233**

Mailing Address  
**1728 PARK TERRACE WEST  
ATLANTIC BEACH FL 32233**

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90007 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/14/1997**

4. FEI Number

**59-3479233**

Applied For

Not Applicable

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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GONZALEZ, BARBARA  
1728 PARK TERRACE WEST  
ATLANTIC BEACH FL 32233**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **GONZALEZ, BARBARA**  
STREET ADDRESS **1728 PARK TERRACE WEST**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **D** ☐ DELETE  
NAME **GONZALEZ, ANTHONY S**  
STREET ADDRESS **1728 PARK TERRACE WEST**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE:

*Barbara Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2 JULY 1999**

**704 246-1228**

CR2E034 (5/99)



**TDSI Team Development Strategies, Inc.**

P97000099122  
582970-90007-6

**Barbara J. Gonzalez**  
1728 Park Terrace W  
Atlantic Beach, FL 32233 USA  
(904) 246-1228 Fax (904) 241-4196  
E-mail: gonbarb@aol.com

2 July 1999

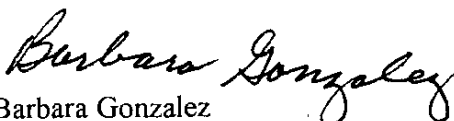
Division of Corporations  
Annual Reports Filings  
PO Box 6327  
Tallahassee, Fl. 32314

RE: 1999 PROFIT CORPORATION ANNUAL REPORT PACKET

I have this date received a "2<sup>nd</sup> Notice" for the 1999 Profit Corporation Annual Report Packet. In checking through my records and searching through my files I cannot locate any evidence of having received the original notice for 1999. I note that the 1998 was filed by me in February of 1998.

In my discussion with your representative today she advised me to send in this letter with the notice and my check for \$150.00 which would have been the cost of the original notice. I am, therefore, submitting as advised and you will find the report and my check #1057 in the amount of \$150.00 enclosed.

Sincerely,

  
Barbara Gonzalez

Enclosures