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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90186 049 ***150.00

DOCUMENT # P98000000514

1. Corporation Name

T.T.G. MANUFACTURERS, INC.

Principal Place of Business

**3750 INVERRARY DR #1J
LAUDERHILL FL 33319**

Mailing Address

**3750 INVERRARY DR #1J
LAUDERHILL FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1998

4. FEI Number

65-0805164

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

City & State

23 Zip

Country

28 Zip

Country

24

25

29

33309

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOPEZ, WALTER G
3750 INVERRARY DR #1J
LAUDERHILL FL 33319**

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

Walter G. Lopez

AGENT

2/2/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PSD
LOPEZ, WALTER G**
STREET ADDRESS **3750 INVERRARY DR #1J**
CITY-ST-ZIP **LAUDERHILL FL 33319**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VTD
LOPEZ, MONICA G**
STREET ADDRESS **3750 INVERRARY DR #1J**
CITY-ST-ZIP **LAUDERHILL FL 33319**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

SIGNATURE: *W. Lopez*

PRESIDENT

2/2/99

(954) 917-0822

CR2E034 (11/98)