


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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90045 013 ***150.00

SECRET

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000014172

1. Corporation Name
T.P.L. CONSULTING CORP.

Principal Place of Business 11111 SW 9TH PL. DAVIE FL 33324	Mailing Address 11111 SW 9TH PL. DAVIE FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	9449 BYRON AVE.	26	9449 BYRON AVE.	02/12/1998	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
23. City & State		28. City & State		65-0810706	
24. Zip		29. Zip		5. Certificate of Status Desired	
33154		33154		<input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
LASZLO, PETER				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11111 SW 9TH PL.				10. Name and Address of New Registered Agent	
DAVIE FL 33324				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASZLO, PETER	1.2 NAME	
STREET ADDRESS	11111 SW 9TH PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIHANY, PETER	2.2 NAME	
STREET ADDRESS	11111 SW 9TH PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	2.4 CITY-ST-ZIP	
TITLE	DO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELA, NAGY	3.2 NAME	
STREET ADDRESS	11111 SW 9TH PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	3.4 CITY-ST-ZIP	
TITLE	DO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CSABA, MORE	4.2 NAME	
STREET ADDRESS	11111 SW 9TH PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	4.4 CITY-ST-ZIP	
TITLE	DO <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATTILA, NAGY	5.2 NAME	
STREET ADDRESS	11111 SW 9TH PL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	5.4 CITY-ST-ZIP	
TITLE	DO <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOZSEF, MOZER	6.2 NAME	
STREET ADDRESS	11111 SW 9TH PL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	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, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/29/99 DAYTIME PHONE #: (305) 866-6547

CR2E034 (1/1998)