

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT
Katherine
Secretary of
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90088 009 ***150.00

DOCUMENT # **P98000020984**

1. Corporation Name

TDM Enterprises & Assoc

Principal Place of Business

Mailing Address

**1209 - 20th Ave
Tampa, FL 33605**

**7104 Cove Place
Tampa, FL 33617**

DO NOT WRITE IN THIS

3. Date incorporated or Qualified

3-4-98

4. FEI Number

59-3496354

5. Certificate of Status Desired ☐

6. Election Campaign Financing
Trust Fund Contribution ☐

8. This corporation owes the current year In
Personal Property Tax.

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered

**Ward, Ken
701 South Bayshore Blvd.
Tampa, FL 33606**

81 Name

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

83

84 City

FL

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 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. 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

13.

ADDITIONS/CHANGES TO OFFICERS AND

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Dfs/H
La Brizzo Joe Michael
7104 Cove Place
Tampa, FL 33617**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
B
Quesada Evelio
1209 - 20th Ave
Tampa, FL 33605**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 118.07(3)(i), Florida Statutes. I further certify that the information 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 by 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 I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Joe M. La Brizzo (Joe M. La Brizzo) 4-30-99