PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State 05-07-1999 90174 039 ***150.00

т. Сограния	MENT # P980000 TH GROUP, INC.	Š61185 - 90082 - Ž							
Principal Place	of Business	Mailing Address			- t idititant ite idite cerce aners a	Bill Baltl Malan	(()(# B/E: ###	titili sant tarat	· =
17409 HEATHER OAK PLACE 17409 HEATHER OAK PLACE TAMPA FL 33847 TAMPA FL 33847					DO NOT WR	ITE IN THIS	SPACE		
					3. Date incorporated or Qualifed				1
					04/29/1998			j	1
2. Principal Pla	ace of Business	Za. Mailing Address			4. FEI Number		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lied For	1
21		26						Applicable	
Suite, Apt. #	¥, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		:
22		27			<u> </u>		Fee Re		
City & State	•	City & State		~	 6. Election Campaign Financing Trust Fund Contribution 	. 🗅	S5,UU.I	May Be \	
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<u> </u>	Zip Country Zip		30		Personal Property Tax.	tern year an		□No	1
24	9. Name and Address of Current I		1		10. Name and Address of New	Registered	Agent		3
			81	Name					1
	er, albert r esquire		82	Street Addre	ess (P.O. Box Number is Not Accept	able)			1
	FIRST AVENUE NORTH								- 4
ST. P	PETERSBURG FL 33713		83	}				1	
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11. Pursuant to office or reading. 1 ar	to the provisions of Sections 607.0502 spiritered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes, Florida, Such change was authors of, Section 607.0505, Florida	the aboverized by a Statutes	e-named corporations.	oration submits this statement for the m's board of directors, I hereby acce	e purpose of opt the appoi	changing (ts intment as rec	registered istered	
SIGNATURE .		AND TE DA	clatered &co	d signature required	(when relations)	DATE			اھا
12.	Signature, typed or printed harne of registered agent and title if applicable. (NOTE; RI OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO O	FICERS A			ğ
			1.1 TITLE			_	Change	Addition	=
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fronce statuses. 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; their is 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: