


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90101 034 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000048719					
1. Corporation Name TG/TG, INC.					
Principal Place of Business 2323 NW 12 CT FT LAUDERDALE FL 33311			Mailing Address 2323 NW 12 CT FT LAUDERDALE FL 33311		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1998	
21		26		4. FEI Number 65-0851850	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip			
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
DAVENPORT, OZZIE M 2323 NW 12 CT FT LAUDERDALE FL 33311			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	DAVENPORT, OZZIE M				
STREET ADDRESS	2323 NW 12 CT				
CITY-ST-ZIP	FT LAUDERDALE FL 33311				
TITLE	D <input type="checkbox"/> DELETE				
NAME	PRINGLE, RICHARD				
STREET ADDRESS	3851 NW 5TH ST				
CITY-ST-ZIP	FT LAUDERDALE FL 33311				
TITLE	D <input type="checkbox"/> DELETE				
NAME	PRINGLE, JUANITA				
STREET ADDRESS	3851 NW 5TH ST				
CITY-ST-ZIP	FT LAUDERDALE FL 33311				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MYRICK, WILEY JR				
STREET ADDRESS	4210 SW 3RD ST				
CITY-ST-ZIP	PLANTATION FL 33317				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	DAVIS, PATRICIA				
STREET ADDRESS	2630 NW 13 ST				
CITY-ST-ZIP	POMPANO BEACH FL 33069				
TITLE	D <input type="checkbox"/> DELETE				
NAME	VANS, OLIVIA B				
STREET ADDRESS	1306 NW 15TH ST				
CITY-ST-ZIP	FT LAUDERDALE FL 33311				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

Olivia B. Vans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/99

Date

(954) 587-6458

Daytime Phone #

CR2E034 (11/98)