

FILE NOW: FILING FEE AFTER MAY 1ST IS \$100.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-17-1999 90045 018 ***150.00

DOCUMENT # **P98000065099**

1. Corporation Name
T.L.M.P. ENTERPRISES, INC.

Principal Place of Business
**1575 W. ROYAL PALM RD.
BOCA RATON FL 33486**

Mailing Address
**1575 W. ROYAL PALM RD.
BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/22/1998

4. FEI Number
650853285

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business
21 **23004 VIA STEL**
Suite, Apt. #, etc.

2a. Mailing Address
26 **PO BOX 2956**
Suite, Apt. #, etc.

22

23 **BOCA RATON, FLA**
City & State
Country
Zip
24 **33433** 25 **U.S.A.** 28 **BOCA RATON, FLA**
City & State
Country
Zip
29 **33427** 30 **USA**

9. Name and Address of Current Registered Agent
**LAMONTAGNE, THERESA
1575 W. ROYAL PALM RD.
BOCA RATON FL 33486**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
23004 VIA STEL
83
84 City **BOCA RATON** FL 85 Zip Code **33433**

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 <input type="checkbox"/> DELETE			
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMONTAGNE, THERESA	1.1 TITLE	PSD
STREET ADDRESS	1575 W. ROYAL PALM RD.	1.2 NAME	THERESA LAMONTAGNE
CITY-ST-ZIP	BOCA RATON FL 33486	1.3 STREET ADDRESS	23004 VIA STEL
TITLE		1.4 CITY-ST-ZIP	BOCA RATON, FLA 33433
NAME		2.1 TITLE	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		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: *Theresa Lamontagne*

3/16/99 **561/347-27**
Date Daytime Phone #

CR2E034 (11/98)