



FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90063 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000065957 1. Corporation Name T & G ASSOCIATES, INC.			
Principal Place of Business 2390 WILTON DR. WILTON MANORS FL 33305		Mailing Address 2390 WILTON DR. WILTON MANORS FL 33305	
2. Principal Place of Business 21 4667 NW 42nd St. Suite, Apt. #, etc.		2a. Mailing Address 26 4667 NW 42nd St. Suite, Apt. #, etc.	
22 City & State Lauderdale Lakes, FL		27 City & State Lauderdale Lakes, FL	
23 Zip Country 33319 Browl		28 Zip Country 33319 Broward	
24 33319 25 Browl		29 33319 30 Broward	
9. Name and Address of Current Registered Agent DAVIS, TANI 4667 N.W. 42ND ST. LAUDERDALE FL 33318		10. Name and Address of New Registered Agent 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 <u>Greg Burton</u> <u>Greg Burton</u> <u>4/28/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
12. OFFICERS AND DIRECTORS TITLE President <input type="checkbox"/> DELETE NAME Tani Davis STREET ADDRESS CITY-ST-ZIP  Tani L. Davis 4667 N.W. 42nd Street Lauderdale L. FL 33319-4718 <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Greg Burton 1.3 STREET ADDRESS 4667 NW 42nd St. 1.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33319 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input 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: Greg Burton 4/28/99 954-714-6607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)