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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000073096 1. Corporation Name

TMR ENTERPRISES, INC.

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90037 039 ***150.00



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Principal Place of Business		Mailing Address				I ADDIABOL AND LOUGH AND LANGE OF THE STATE		1 80 08110	1 18110 8111 1891
2070 PARK PLACE		2070 PARK PLACE							
BOCA RATON FL 33486		BOCA RATON FL 33486			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			1
						08/20/1998			
2 Principal Pl	face of Business	2a. Mailing Addres	SS			4. FEI Number	-	Ar	oplied For
	ace of Business	26				650860351		No	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, 0	etc.					\$8.75	Additional
22)		27				5. Certifcate of Status Desired		Fee R	equired
City & State	е	City & State				6. Election Campaign Financing		\$5.00	May Be
23	•	28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Country		8. This corporation owes the curr	ent year Inta		574
24	25	29	30			Personal Property Tax.		☐ Yes	XINo
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New F	egisterea A	igent	
A 1 457	DII AVAZED			["	Name				
	RILAWYER					ddress (P.O. Box Number is Not Accepta	able)		ę.
343 ALMERIA AVENUE CORAL GABLES FL 33134				83					-
CON	IAL GABLES FL 33134			03					
l :				84	City		FL	85 Zip	Code
		02 CO7 +EO9 Florid	a Ctatutaa ti	bo above	nomod o	corporation submits this statement for the		hanging its	s registered
office or fi	paietored agent or both in the State	of Florida, Such chand	ie was authoi	ロスタロ DV	the corpor	ration's board of directors. I hereby accept	t the appoin	tment as re	egistered
agent, Lai	m familiar with, and accept the obliga	ations of, Section 607.0	505, Florida :	Statutes.					1
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SIGNATURE						evind when reinstating	DATE		\
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.		sterød Agen		quired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A		(NOTE: Regis			quired when reinstating) ADDITIONS/CHANGES TO OF		O DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. ND DIRECTORS	(NOTE: Regit	stered Agen					
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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 suppliemental 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 antile receiver or distance empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of a statute with an address, with all other like empowered.

SIGNATURE: