PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Ketherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000082136

TBS FIRST INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
5454 WEST CRENSHAW	5454 WEST CRENSHAW

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

03-17-1999 90079 017 ***150.00



Principal Place	of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,		
5454 WEST CRE	ENSHAW	5454 WEST CRENSHAW					
TAMPA FL 3363		TAMPA FL 33634			DO NOT WRITE IN THE	SOACE	
					3. Date Incorporated or Qualified	3 01 7102	$\overline{}$
							.
			_		09/22/1998	1 1 4 -	-5-4 5
2. Principal Pt	ace of Business	2a. Malling Address			4. FEI Number		plied For
21					59-3558028		t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
22		27					
- City & State		City & State		ىت دىرجىنى	-6Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added 1	o Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year Ir		-
24	25	29	30		Personal Property Tax.	☐ Yes	□N ₀
· v)	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	d Agent	
			81	Name			ļ
SCA	GLIONE, RONALD E		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
5454	West Crenshaw		**	Z SUBBI AUU	IRES (F.O. DOX 146IIIDE) IS 1401 ACCEPTED TO		
TAM	PA FL 33634		83	3			
				<u> </u>			
			84	4 City	F	85 Zip	Code
				1			registered
					boundary area and entire to the borbose	n Creatigning ion	gistered
11. Pursuant I	to the provisions of Sections 607.050)2 and 607,1508, Florida Statute of Florida, Such change was at	es, the above othorized by	ve-named corp v the corporati	iou, è posta ot atlactols. I uetenà sociati ma mbh	Onininelit to le	
11. Pursuant l office or n agent, I ar	to the provisions of Sections 807.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Statute of Florida. Such change was at ations of, Section 607.0505, Flor	is, the above athorized by ida Statute	ve-named con y the corporat s.	ion's board of directors. I hereby accept the app	rannucir to re	
	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obligation of the provision of the control					outunetit es re	
SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agent		Registered Age		ed when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered age	ni and tide if applicable. (NOTE:				ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Age	ent eigneture requir	ed when reinstating) DATE		
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	ni and tide if applicable. (NOTE:	Registered Age	ent algorature require	ed when reinstating) DATE	ND DIRECTO	RS IN 12
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which ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like ampowered.

SIGNATURE: