



FILED
Jun 07, 1999 8:00 am
Secretary of State
 06-07-1999 90015 040 ***550.00

DOCUMENT - 1

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA K DIVISION			
DOCUMENT # P98000090207 1. Corporation Name TCSG, INC.							
Principal Place of Business 2139 UNIVERSITY DR. #103 CORAL SPRINGS FL 33071				Mailing Address 2139 UNIVERSITY DR. #103 CORAL SPRINGS FL 33071			
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 21 Suite, Apt. #, etc. 10211 West Sample Rd Suite 115 Coral Springs, FL 33065				2a. Mailing Address Suite, Apt. #, etc. 10211 West Sample Rd Suite 115 Coral Springs, FL 33065			
3. Date Incorporated or Qualified 10/22/1998				4. FEI Number 65-0884137			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MCCARTHY, SCOTT G 2139 UNIVERSITY DR., #103 CORAL SPRINGS FL 33071				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
12. OFFICERS AND DIRECTORS TITLE President <input type="checkbox"/> DELETE NAME Scott G. McCarthy STREET ADDRESS 11698 NW 2nd Drive CITY-STATE-ZIP Coral Springs, FL 33071				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)