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

PROFIT CORPORATION ANNUAL REPORT 1999



DOCUMENT # P98000098574

TEAM COMMUNICTIONS GROUP, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State Secretary of State 05-05-1999 90038 026 ***150.00

FILED

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			1 1 56 11 016 178

		·							
Principal Place	of Business								
103 SOUTH US SUITE F5-163		103 South US Highway 1 Suite F5-163 Jupiter FL 33477	· ·			DO NOT WRITE IN TH	IIS SPA	CE	
Jupiter Fl. 334	JUPITER FL 33477				3. Date Incorporated or Qualifed				
	N.					11/24/1998			
2 Principal Pl	ace of Business	2a. Mailing Address	-107			4. FEI Number		AF	plied For
2. Timoparti		26						No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				n Outline of Status Basissed	\$	8.75	Additional
		27		5. Certificate of Status Desired		Fee Re	equired		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 Added t	May Be to Fees		
Zip	Country	Zip Country		This corporation owes the current year Intangible					
	25	├ ─ '	¬		Personal Property Tax.	Ď,		□No	
24	9. Name and Address of Curren		<u> </u>	-		10. Name and Address of New Register	ed Age	nt	
	5. Hallio and Factors		$\neg \neg \neg$	81	Name				i
AMERILAWYER			1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	ALMERIA AVENUE AL GABLES FL 33134			83					·
	•		ŀ	84	City		. 8	Zip '	Code
			!		-		·L	1	
office or t	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	utnonzea	DV III	named corpo ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of char pointme	iging its nt as re	registered egistered
SIGNATURE	<u> </u>					t when reinstating) DATE			
	Signature, typed or printed name of registered ager		Registered 13.	Agent s	ignature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND D	IRECTO	DRS IN 12
12.	, -	D DIRECTORS DELETE	1.1 TIT			ADDITIONS/OTIANOES TO STITIOENS		Change	☐ Addition
TITLE	PTD DENZIA TEDDY	beceir	1.2 NA		ł				
NAME	BENZIA, TERRY		l.		DODESS				ļ
STREET ADDRESS	U.B. 1700 T. 00477		1.3 STREET ADDRESS						ł
CITY-ST-ZIP	JUPITER FL 33477			LE	<u> </u>			Change	Addition
TITLE	0503						_		
NAME	BENZIA, TERRY		2.2 NAME 2.3 STREET ADDRESS		anocee				
STREET ADDRESS	103 SOUTH US HIGHWAY 1				ļ				
CITY-ST-ZIP	JUPITER FL 33477	☐ DELETE	2.4 CITY-ST-ZIP		ZIF			Change	☐ Addition
TITLE	· ·	<u> </u>	3.2 NA		1				1
NAME					DDRESS				
STREET ADDRESS				TY-ST-					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 711					Change	Addition
NAME			4, 2 N/		1				
					DORESS				
STREET ADDRESS				TY-ST-					
CITY-ST-ZIP		☐ DELETE	5.1 TII		<u> </u>			Change	☐ Addition
TITLE			5.2 NA		}				·
NAME					ADDRESS				
STREET ADDRESS			II.	TY-ST-					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT					Change	☐ Addition
	}		6.2 NA		1				,
NAME STREET ADORSOO					ADORESS				
STREET ADDRESS			1	TY-S1-					
CITY-ST-ZIP	I		5., 51						

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 attacpment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561.748-5245

CR2E034 (11/98)