

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

49-968-3299-C
(2)

DOCUMENT # S04091

1. Corporation Name

TYLCON, INC.



Principal Place of Business

**2693 FOREST HILL BLVD
W PALM BEACH FL 33406
US**

Mailing Address

**3300 P.G.A. BLVD. STE 300
PALM BCH GARDENS FL 33410**

3. Date Incorporated or Qualified

09/27/1990

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

21 3300 P.G.A. BLVD.

Suite, Apt. #, etc.

22 300

City & State

23 PALM BEACH GARDENS, FL

Zip

24 33410

Country

25 U.S.A.

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

Zip

29

Country

30

4. FEI Number

65-0226610

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**STEELE, W. TRENT
3300 P.G.A. BLVD, STE 300
PALM BCH GARDENS FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPTS** ☒ DELETE
NAME **BURNS, GERALD**
STREET ADDRESS **6122 S CARTHAGE CIRCLE**
CITY- ST- ZIP **LAKE WORTH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
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CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **YVES BOUCHER**
1.3 STREET ADDRESS **3. Island Avenue, Apt. 6-E**
1.4 CITY- ST- ZIP **Miami Beach, FL 33139**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Yves Boucher

4/1/96

(407) 627-6998

Date

Daytime Phone #

CR2E034 (12/95)