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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S16227

(8)

FILED May 07 1997 8:00am Secretary of State

THE TIMBERLAKE GROUP, INC. Principal Place of Business Mailing Address 5050 NW 74TH AVE. MIAMI FL 33166 MIAMI FL 33168-5516							
				•	3. Date incorporated or Qualified 11/30/1990	3a. Date of L 12/23/190	
2. Principal F	Place of Business	2a. Malling Address			4. FEI Number	15/50/10	Applied For
21		26			65-0234441		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional se Required
City & Sta	te	Crty & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zιp	Country	Zip	Col	intry	8. This corporation has liability fo		der s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curr	ent Registered Agent		L	10. Name and Address of New R	legistered Agent	
	GGER, ROBERT A SR			81 Name			1
	'THE TIMBERLAKE GROUP, IN 0 NW 74TH AVE.	C			dress (P.O. Box Number is Not Accepte	able)	
Miai	MI FL 33166			83			
				84 City		FL 85	Zip Code
agent. La SIGNATURE	Signature, type or pint, by his pilegistered	1 1	BER		poration submits this statement for the ation's board of directors. I hereby account of the statement of the directors of the statement of the	€ • <u>2</u> 8 • 9	<i>F</i>
TOLE	PO	DELETE	1.1 T	TIF	ADDITIONS/CITANGES TO OTT	☐ Ch	
NAME	DUGGER, ROBERT A		1.2 N			_	
STREET ADDRESS	5050 N.W. 74TH AVE.			TREET ADDRESS			
CITY ST ZIP	MIAMI FL 33166			ITY-ST-ZIP			}
TITLE	D	DELETE	2.1 T			Ch	ange Addition
NAME:	DUGGER, RACHEL		2.2 N	IAME			
STREET ADDRESS	5050 N.W. 74TH AVE.		2.3 S	TREET ADDRESS			İ
CiTY+ST+7iF	MIAMI FL 33166		2, 4 (CITY-ST-ZIP			
TITLE		DELETE	3.1 T	ITLE		☐ Ch	ange Addition
NAME			3.2 N	AME ·			
STREET ADDRESS			3.3 \$	TREET ADORESS		4	
City-St-7F				CITY-ST-ZIP			
THUE		☐ DELETE	4.1 7]		☐ Ch	ange Addition
NAME				NAME			
STREET ADDRESS			435	TREET ADDRESS			
CITY-ST-ZP		T DELETE		ITY-ST-ZIP		r l As	A Addition
TITLE		DELETE	5.1 7			□ Ch	ange 🔲 Addition [
NAME OFFICE LANDON CO.			5.2 N	ľ			
STREET ADOPESS				TREET ADDRESS			
CITY - ST - ZIP TITLE		☐ DELETE	5.4 C	ITY-ST-ZIP		☐ Ch	ange Addition
NAME		FT Secrit	6.2 N			_ U	
STREET ADDRESS				TREET ADDRESS		•	ŀ
		•	•	ITY-ST-ZIP	•		
C-TY-ST ZiP	hy could that the information supp	lied with this filing does not our			ed in Section 119.07(3)(i) Florida Statu	toe I further certify	that the

information indicated on this anni Lam an officer or director of the appears in Block 12 or Block 13

Supplieries that goes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplieries hall have the same legal effect as if made under oath; that if the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name or on an attack ment with an address.

SIGNATURE: