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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

14272 LEEWARD WAY

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

TLC Carrosslers, Inc.

522628

Mailing Address

14272 LEEWARD

Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90029 004 ***150.00

14272 LEEWARD WAY Palm Beach Gardens, FL 33410 Palm Beach Gardens, FL 33410					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
l					1 O (9)		į
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Aı	pplied For
21 26		26			65-0233790	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	·	Additional	
22		27	27		J. Certificate of Status Desired	Fee Ro	equired
City & State		City & State		6. Election Campaign Financing		May Be	
23		28		-Trust Fund Contribution -		to Fees	
Zip	Country Zip		Country 30		8. This corporation owes the current year Ir	ntangible Yes	□No
24	25		30		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Currer	it Registered Agent	81	Name	To. Name and Address of New Registered	Agent	
ا بس ملا	t. John W						
Hewitt, John W 10625 N. Mititary Trail Suite 208 Palm Beach Gardens, FL 33410-			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
			83	-			
Palmi	Beach Gardens,		84	City		85 Zip	Code
44 Durayant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	the abov	e-named corr	poration submits this statement for the purpose o		s registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized by	the corporate	on's board of directors. I hereby accept the appo	intment as re	egistered
SIGNATURE			_		ed when reinstating) DATE		\
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent s 12. OFFICERS AND DIRECTORS 13.				ent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
12.	Darlat	□ DELETE	1.1 TITLE		ABBITTOTICATOR NATIONAL TO STATE OF A STATE	☐ Change	Addition
NAME	2 Locabak George	J.	1.2 NAME				
STREET ADDRESS	Balaschak George J. 14272 Leeward way			T ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE	Vice President	☐ DELETE	2.1 TITLE			Change	Addition
NAME	Palasabat Tacquel	ine	2.2 NAME				
STREET ADDRESS	11272 I peward Wa	ч	2.3 STREE	ET ADDRESS			i
CiTY-ST-ZIP	121.5			ST-ZIP			
TITLE		☐ DELETE	31 TITLE			☐ Change	☐ Addition
NAME		- ·-	3.2 NAME	=			
STREET ADDRESS		•	3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST- ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				ł
STREET ADDRESS			4.3 STREE	ET ADORESS			
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP			□ Addition
TITLE		☐ DELETE	5.1 TITLE	}		Change	☐ Addition }
NAME			5.2 NAME	ET ADDRESS			
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP	<u></u>		6.1 TITLE	31- AIF		☐ Change	Addition
TITLE			6.2 NAME				

Indicated on this annual report or supplied with this limits does not qualify for the exemple 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.

6.3 STREET ADDRESS

6.4 CITY-ST-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

SIGNATURE: CER OR DIRECTOR

CR2E034 (11/98)