

AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION  
ANNUAL REPORT

200.1



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S52546 (6)

1. Corporation Name

T L C CONSULTANTS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 25 AM 9:43

Mailing Address  
640 N.W. 80TH TERRACE  
MARGATE FL 33063

Principal Place of Business

431 NW 49 AVE 5500 NW 5TH AVE  
FT LAUDERDALE FL 33311 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/15/1991	3a. Date of Last Report 05/01/1993
4. FEI Number 65-0265253	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASH, GARY D.  
640 NW 80 TER 5500 NW 5TH AVE  
MARGATE FL 33063 BOCA RATON, FL 33487

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 100004425411--7
83	-06/18/01--01128--018
84 City	****150.00 ****150.00 FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Gary D. Nash, President

DATE 7/20/94

12. OFFICERS AND DIRECTORS			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	8 President	NASH, GARY D.	640 N.W. 80TH TERRACE MARGATE FL
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		5500 NW 5TH AVE	BOCA RATON, FL 33487
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	P/D		33063
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	Vice President	LYNN SALAS	640 N.W. 80TH TERRACE MARGATE, FL 33063
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary D. Nash, President

DATE 7/20/94 (508) 971-6994

(561) 998-5523