

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S88741 (1)

1. Corporation Name

T.L.C. GROUP, INC.



Principal Place of Business

1501 S FEDERAL HWY  
HOLLYWOOD FL

Mailing Address

C/O HMPD  
16100 NE 16 AVE  
N MIAMI BCH FL 33162  
US

3. Date Incorporated or Qualified

10/22/1991

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

21 1501 S. Federal Hwy.

Suite, Apt. #, etc.

22 City & State  
Hollywood, FL

23 Zip  
33020

25 Country  
U.S.A.

2a. Mailing Address

26 16100 N.E. 16th Ave

Suite, Apt. #, etc.

27 Suite B  
City & State  
N. Miami Beach, FL

28 Zip  
33162

30 Country  
U.S.A.

4. FEI Number

65-0305474

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

LIN, THOMAS T.  
9101 BISCAYNE BLVD.  
MIAMI FL 33138

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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LIN, THOMAS T.  
STREET ADDRESS 9101 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME HUNGFENG, CHANG  
STREET ADDRESS 1501 S FEDERAL HWY  
CITY-ST-ZIP HOLLYWOOD FL

TITLE VP ☐ DELETE

NAME TSUI-FEN, TSENG  
STREET ADDRESS 1501 S FEDERAL HWY  
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

DATE 3/8/96 (954) 9225376

CR2E034 (12/95)