FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:36

DOCUMENT # **S97810** **(3)**

1. Corporation Name
TFPS, INC.

Principal Place of Business	Mailing Address
550 NW LEJEUNE RD MIAMI FL 33135	550 NW LEJEUNE RD MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1991	3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0328495	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$0.75 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DELAURIER, FRANK G.
550 NW LEJEUNE RD
MIAMI FL 33135

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 _____ DATE
(Required: Typed or printed name of registered agent and the capacity of) NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addition
NAME	HOWDEN, DAVID G.	12 NAME	
STREET ADDRESS	190 W. 19TH AVE.	13 STREET ADDRESS	
CITY ST ZIP	COLUMBUS OH	14 CITY ST ZIP	
TITLE	VC	21 TITLE	☐ Change ☐ Addition
NAME	BOHNART, EDWARD . R	22 NAME	
STREET ADDRESS	1635 W. SPENCER	23 STREET ADDRESS	
CITY ST ZIP	APPLETON WI	24 CITY ST ZIP	
TITLE	D	31 TITLE	X ☐ Change ☐ Addition
NAME	BOLLINGER, SHIRLEY N.	32 NAME	801 WILSON AVE
STREET ADDRESS	~~PO BOX 217 N/A~~	33 STREET ADDRESS	
CITY ST ZIP	HANOVER PA	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TEUSCHER, ROBERT J	42 NAME	
STREET ADDRESS	3574 CHRISTY RIDGE RD.	43 STREET ADDRESS	
CITY ST ZIP	SEDALIA CO	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	MCLAUGHLIN, JOHN J.	52 NAME	
STREET ADDRESS	550 NW LEJEUNE RD.	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	DELAURIER, FRANK G.	62 NAME	
STREET ADDRESS	550 NW LEJEUNE RD.	63 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	64 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)(i), 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: _____ Frank G. DeLaurier 3/7/95 305-443-9353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

042R011 FP