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

0573277

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S97810

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

2. Principal Place of Business **21**	2a. Mailing Address **26**	3. Date Incorporated or Qualifed **12/02/1991**
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	4. FEI Number **65-0328495** / Applied For / Not Applicable
City & State **23**	City & State **28**	5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip / Country **24** / **25**	Zip / Country **29** / **30**	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DELAURIER, FRANK G. 550 NW LEJEUNE RD MIAMI FL 33135	**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. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.　(NOTE: Registered Agent signature required when reinstating)　DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VC ☒ DELETE		1.1 TITLE VC	☒ Change ☐ Addition
NAME BOLLINGER, S W		1.2 NAME R.J. Teuscher	
STREET ADDRESS 801 WILSON AVE		1.3 STREET ADDRESS 306 S. Chesnut	
CITY-ST-ZIP HANOVER PA 17331		1.4 CITY-ST-ZIP Colorado Springs, CO 80905	
TITLE C ☒ DELETE		2.1 TITLE C	☒ Change ☐ Addition
NAME PIERCE, RON C		2.2 NAME S.W. Bollinger	
STREET ADDRESS 940 N MARTIN LUTHER KING DR		2.3 STREET ADDRESS 801 Wilson Ave.	
CITY-ST-ZIP PRICHARD AL		2.4 CITY-ST-ZIP Hanover, PA. 17331	
TITLE AS ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME MCLAUGHLIN, JOHN J.		3.2 NAME	
STREET ADDRESS 550 NW LEJEUNE RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE S ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME DELAURIER, FRANK G.		4.2 NAME	
STREET ADDRESS 550 NW LEJEUNE RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE AT ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME MIEDZIALKO, R J		5.2 NAME	
STREET ADDRESS 550 NW LEJEUENE RD		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33126		5.4 CITY-ST-ZIP	
TITLE T ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME WINSAND, AMOS O		6.2 NAME	
STREET ADDRESS 909 TOTTENHAM		6.3 STREET ADDRESS	
CITY-ST-ZIP BIRMINGHAM MI		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #