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

PROFIT CORPORATION ANNUAL REPORT

1999

T.T.K.M., INC.

DOCUMENT # V01115



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90050 048 ***150.00

Principal Place of Business Mailing Address						1 (0011	#1 010 11 010 11 010 1	1 8/31/ 6/6// /88/
1605 US 1 112		1125 LEEWARD LANE	125 LEEWARD LANE					
VERO BEACH F	FL 32960	VERO BEACH FL 32963	VERO BEACH FL 32963			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						12/17/1991		}
2. Principa Place of Business 2a. Mailing Address						4. FEI Number		Apr lied For
	ace of business	<u> </u>	26 Walling 7001000			65-0303403		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_		A iditional
22		27)				5. Certifcate of Status Desired	•	Required
City & State		City & State			6. Election Campaign Financing	\$5.00) I/lay Be	
23		28				Trust F und Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nı Registered Agent				10. Name and Address of New Register	d Agent	
				81 Nan	ne			ļ
MCHUGH, JOHN J. JR				82 Stre	et Aildr	ess (P.O. Bo: Number is Not Acceptable)	·	
330 17TH ST								
VI:RC	O BEACH FL 32960			83				Į
				84 City			85 Zip	Code
						-	L	
office or re	to the provisions of S∋ctions 607.05 egistered agent, or bcth, in the Stat m familiar with, and accept the oblic	e of Florida. Such change was	s authorized	i by the co	ed corporation	oration subm ts this statement for the purpose on's board of directors. I hereby accept the ap	of changing it pointment as r	registered
•	m lamiliai with, and a scept the obig	janons or, occilon corrosco, i	Onda Otac	alog.				
SIGNATURE	Signature, typed or printed name of registered as	jen and title if applicable. (NC	E: Registered	Agent signate	re recuired	d when reinstating DATE		
12.	OFFICERS A	NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TT	ΠE			Change	Addition
NAME	LUREAU, THOMAS J.		1.2 N/	AME				
STREET ADDRESS	1125 LEEWARD LANE		13 ST	REET ADDRE	SS			
CITY-ST-ZIP	VERO BEACH FL.		1.4 CI	TY-ST-ZIP				
TITLE		☐ DELETE	2.1 TF	TLE			Change	e ☐ Addition
NAME			2 2 N/	AME				İ
STREET ADDRESS			2.3 ST	REET ADDRE	:SS			}
CITY-ST-ZIP			2.4C	ITY-ST-ZIP				
TITLE		☐ DELETE	3 1 TI				Change	Addition
NAME			3.2 N/					1
STREET ADDRESS			3.3 \$1	REET ADDRE	SS			ĺ
CITY-ST-ZIP				ITY-ST-ZIP	4-		Change	e Addition
TITLE		☐ DELETE	41 ΤΙ				Change	Addition
NAME			4.2 N	AME				
STREET ADDF ESS				TREET ADDRE	SS			
CITY-ST-ZIP		Floritze		TY-ST-ZIP	\dashv $-$		☐ Change	Addition
TITLE		☐ DELETE	5.1 TF 5.2 N/				change	. L. Addition
NAME								
STREET ADDFESS				REET ADDRE	:58			1
CITY-ST-ZIP		□ DE ETE	5.4 CI	TY-ST-ZiP				e 🔲 Addition
TITLE		☐ DELETE	6.2 N				பாவழ்	
NAME				REET ADDRE	:ee			ĺ
STREET ADDI:ESS			0.3 5	TO A SERVICE				

14. Here by 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 indiceted on this annual report or supplemental annual report is true and accurate and that my significant 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 or lange d, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NO TYPED O R ARNTED NAME OF SIGNING OFFICER OR DIRECTOR

2 9 56/-23/1-3805 Destine Phone #