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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V38549

(4)

TMO. INC.

Principal Place of Business Mailing Address									A NEWEY MENUNER HAND THIRD MAIN MIRIN INC.	#	J1811 61311 61811	#### ## ##	
				19235 U.S. HWY. 41 N. LUTZ FL 33549-7205									
									3. Date incorporated or Qualified 05/21/1992		ate of Last R 01/1996	leport	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 59-3128754		· · · · ·	oplied For	
21 Suite, Apt. #, etc.				Suite, Apt. #, etc.					05-0120104			ot Applicable Additional	
22				27					Certificate of Status Desired			equired	
City & State				City & State				· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing			May Be	
23				28					Trust Fund Contribution			to Fees	
Zip		Country		Zip Country					8. This corporation has liability for i	ntangible	tax under s	199.032,	
24		25	29	9 30			·v us				□ No		
	9, Name	and Address of Curre	nt Registe	ered Agent		Ī.,			10. Name and Address of New Re	istered	Agent		
	.DER, JAM					81	Name						
2011 W CLEVELAND STR								Addres	ess (P.O. Box Number is Not Acceptable)				
STE D										<u> </u>	· · · · · · · · · · · · · · · · · · ·		
TAMPA FL 33606												ļ	
						84	City			FL	85 Zip	Code	
11. Pursuant	to the provis	sions of Sections 607.050	02 and 60	7.1508. Florida Statul	es, the e	L_l thove	e-named	corpo	ration submits this statement for the p		f changing i	s registered	
office or r	egistered ag	gent, or both, in the State	of Florid	a. Such change was	authorize	ed by	the cor	poratio	ration submits this statement for the p n's board of directors. I hereby accep	t the app	ointment as	registered	
agent. i a	m rammar w	TOUS 3/GL		Section 607.0505, F1	onda Sia	แนเยะ	i.			4.30	17		
SIGNATURE		for printed name of registered ag							when reinstaling)	DATE	<u>'</u>		
12.		OFFICERS AN	D DIREC	TORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	R\$ IN 12	
TITLE	D			DELETE				DIA	<i>७८</i> ७०		Change	Addition	
NAME		ON, CARL E., JR.		1			1.2 NAME		oose Right	٠.۸			
STREET ADDRESS		I.S. HWY. 41 N.			1.3 5	TREET	ADDRESS	32	14 M KONNOOY BU	214			
CITY-ST-ZIP	LUTZ FL				1.4 (HY-S	1 - ZiP		COSE FZELL 14 W KUNUONY BU 1190, FL 33604				
TITLE				DELETE	2.11	ILE		'			Change	Addition	
NAME					2.2 N	IAMÉ							
STREET ADDRESS					2.3 S	TREET	ADDRESS					Į	
CITY-ST-ZIP						CITY - S	31 - ZIP	ļ					
TITLE				DELETE	3.1 I			ļ			☐ Change	Addition	
NAME					321								
STREET ADDRESS							address						
CITY-ST-ZIP				DELETE		CITY S	ST-ZIP	 			Change	Addition	
TITLE				□ DECLIE	4.1 7						L Change	□ Modifion	
NAME CENTER APPROPRIE						NAME	ADDDECO	ļ				ĺ	
STREET ADDRESS							ADORESS						
CITY-ST-ZIP TITLE				DELETE	5.1 T	1117-S	1-211				Change	Addition	
NAME				VICE CO		IAMÉ		i					
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP						HTY-S		1					
TITLE				☐ DELETE	611			 			Change	Addition	
NAME						IAME					_ •		
STREET ADDRESS							ADDRESS						
DITY OF THE					0.5,5		1 200					ļ	

4. I do 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 aryanachment with an address.

IGNATURE KOSSONINKE

4-50-97

813-877.8587

FILED

May 15 1997 8:00am

Secretary of State