

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

APPROVED AND FILED

95 APR 19 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morthern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V39096 (5)**
T. Corporation Name
TPC INSTITUTIONAL MANAGERS, INC.

Principal Place of Business: **TWO ALHAMBRA PLAZA SUITE 1108 CORAL GABLES FL 33434**
Mailing Address: **TWO ALHAMBRA PLAZA SUITE 1108 CORAL GABLES FL 33434**

3. Date Incorporated or Qualified: **05/20/1996**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0350534**
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

21. Principal Place of Business	2a. Mailing Address
396 ALHAMBRA CIRCLE	396 ALHAMBRA CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 602	SUITE 602
City & State	City & State
CORAL GABLES, FL	CORAL GABLES, FL
Zip	Zip
33134	33134
Country	Country
U.S.A.	U.S.A.

9. Name and Address of Current Registered Agent
**PARMENTER, DARRYL W.
TWO ALHAMBRA PLAZA
STE. 1108
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1. Name	PARMENTER, DARRYL W.
B2. Street Address (P.O. Box Number is Not Acceptable)	396 ALHAMBRA CIRCLE
B3. Suite, Apt. #, etc.	SUITE 602
B4. City	CORAL GABLES, FL
B5. Zip Code	33134

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: N/A (Signature of (agent or director) name of registered agent and title if applicable) DATE: _____ (NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARMENTER, DARRYL W.	1.2 NAME	PARMENTER, DARRYL W.
STREET ADDRESS	TWO ALHAMBRA PLAZA, STE. 1108	1.3 STREET ADDRESS	396 ALHAMBRA CIRCLE, SUITE 602
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	D	2.1 TITLE	N/A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARMENTER, DARRYL W.	2.2 NAME	
STREET ADDRESS	701 BRICKELL AVE. S-2610	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I, the undersigned, 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: [Signature] DATE: 4.11.95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DARRYL W. PARMENTER (305) 448-0448
(Type or Print Name)