

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V41184** (5)

1. Corporation Name

TPA MIAMI, INC.



Principal Place of Business

**11700 NORTHWEST 101 ROAD
SUITE 23
MEDLEY FL 33178**

Mailing Address

**11700 NORTHWEST 101 ROAD
SUITE 23
MEDLEY FL 33178**

2. Principal Place of Business

2a. Mailing Address

21 **11420 S. Point Dr.**

26 **11420 S. Point Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Cooper City, FL**

28 **Cooper City, FL**

Zip

Country

Zip

Country

24 **33026**

25 **USA**

29 **33026**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/04/1992

3a. Date of Last Report

05/23/1995

4. FEI Number

65-0341385

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**WILLIAMS, HENRY W., JR.
11700 N.W. 101ST RD.
SUITE 23
MEDLEY FL 33178**

81 Name **Henry W. Williams, Jr.**

82 Street Address P.O. Box Number is Not Acceptable

11420 S. Point Dr.

83

84

Cooper City

FL

85 Zip Code

33026

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 **X Henry W. Williams, Jr.**

X Henry W. Williams, Jr.

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D WILLIAMS, HANK, JR.**
STREET ADDRESS **11700 NW 101 RD., #23**
CITY-ST-ZIP **MEDLEY FL**

TITLE ☐ DELETE

NAME **D JACKSON, THOMAS L.**
STREET ADDRESS **11700 NW 101 RD., #23**
CITY-ST-ZIP **MEDLEY FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 NAME **Hank Williams, Jr.**
12 NAME **11420 S. Point Dr.**
13 STREET ADDRESS **Cooper City, FL 33026**

14 CITY-ST-ZIP ☐ Change ☐ Addition

15 CITY-ST-ZIP ☐ Change ☐ Addition

16 CITY-ST-ZIP ☐ Change ☐ Addition

17 CITY-ST-ZIP ☐ Change ☐ Addition

18 CITY-ST-ZIP ☐ Change ☐ Addition

19 CITY-ST-ZIP ☐ Change ☐ Addition

20 CITY-ST-ZIP ☐ Change ☐ Addition

21 CITY-ST-ZIP ☐ Change ☐ Addition

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35 CITY-ST-ZIP ☐ Change ☐ Addition

36 CITY-ST-ZIP ☐ Change ☐ Addition

37 CITY-ST-ZIP ☐ Change ☐ Addition

38 CITY-ST-ZIP ☐ Change ☐ Addition

39 CITY-ST-ZIP ☐ Change ☐ Addition

40 CITY-ST-ZIP ☐ Change ☐ Addition

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: **Henry W. Williams, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 305-887-2730
Daytime Phone #

CR2E034 (12/95)