

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 # 155430 (2)

1. Corporation Name
TAT CO.



Principal Place of Business: 2600 S W 27TH AVE MIAMI FL 33133
Mailing Address: 2600 S W 27TH AVE MIAMI FL 33133

3. Date Incorporated or Qualified: 07/12/1948
3a. Date of Last Report: 03/15/1995

21	2a	4	5	6	8
Principal Place of Business	Mailing Address	FEI Number	Certificate of Status Desired	Election Campaign Financing Trust Fund Contribution	This corporation has liability for intangible tax under s 199.032, Florida Statutes
22	26	26-7074227	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	27		Applied For		
24	28		Not Applicable		
25	29		Additional Fee Required		
26	30		May Be Added to Fees		
Country	Country				

9. Name and Address of Current Registered Agent

~~TAYLOR, ROBERT M~~
2600 S 27 AVE.
MIAMI FL 33133

10. Name and Address of New Registered Agent

81	Name	MARLENE T. TAYLOR
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	2600 S.W. 27 Ave.
84	City	Miami
85	Zip Code	FL 33133

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: *Marlene T. Taylor*

(NOTE: Registered Agent signature required when reinstating)

1/17/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ROBERT M	12 NAME	
STREET ADDRESS	2600 S W 27TH AVE	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	14 CITY - ST - ZIP	
TITLE	PD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATHAM, THOMAS L	22 NAME	
STREET ADDRESS	2600 S W 27TH AVE	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	24 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATHAM, BERNICE	32 NAME	
STREET ADDRESS	2600 S W 27TH AVE	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	34 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *Thomas L. Tatham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

305/446-1967

CR2E034 (12/95)