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

FILED **PROFIT** Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (2) TAT CO. Principal Place of Business Mailing Address 2600 S W 27TH AVE 2600 S W 27TH AVE MIAMI FL 33133 MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1948 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26-7074227 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 TAYLOR, MARLENE T. 2600 S 27 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33133** 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent e-gri OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TIFLE ☐ Change Addition TATHAM, THOMAS L NAME 1.2 NAME 2600 S W 27TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE NAME TATHAM, BERNICE 2 2 NAME 2600 S W 27TH AVE STREET ADDRESS 2.3 STREET ADDRESS ¥4 MIAMI, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Mariene TITLE 3.1 TITLE ☐ Addition TAYLOR, MARLENE T NAME 32 NAME 2600 SW 47 2600 SW 27 AVE STREET ADDRESS 3 3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition Change TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP ☐ Addition DELETE TITLE 61 THILE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-7IP

14. Thereby 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 in 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 conference on 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:

211.92 315-446-1967