

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F29814** (3)
1. Corporation Name
TARA MANAGEMENT, INC.

Principal Place of Business 324 ROYAL PALM WAY SUITE 208 PALM BEACH FL 33480	Mailing Address 324 ROYAL PALM WAY SUITE 208 PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 324 Royal Palm Way Suite, Apt. #, etc. 22 208 City & State 23 Palm Beach, FL Zip 24 33480 Country 25 USA		2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/30/1981	
		4. FEI Number 59-2088904		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent QUINLAN, DENIS 2929 WINDING OAK LANE WELLINGTON FL 33414				10. Name and Address of New Registered Agent 81 Name DENIS G. QUINLAN 82 Street Address (P.O. Box Number is Not Acceptable) 2491 WINDSOR WAY COURT 83 84 City WELLINGTON FL 85 Zip Code 33414	

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

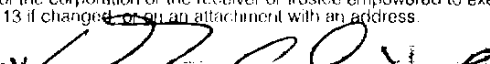
Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	QUINLAN, DENIS	1.2 NAME	
STREET ADDRESS	2929 WINDING OAK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	QUINLAN, SANDRA R	2.2 NAME	
STREET ADDRESS	2929 WINDING OAK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	QUINLAN, JENNIFER A	3.2 NAME	
STREET ADDRESS	4847 VIA PALM LAKE #1004	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 an attachment with an address.

SIGNATURE:  **DENIS G. QUINLAN**

CR2E034 (10/97)