

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90006 035 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # F29814

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

DO NOT WRITE IN THIS SPACE

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 the current year
Intangible Personal Property.

☐

Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUINLAN, DENIS
2491 WINDSOR WAY COURT
WELLINGTON FL 33414

81 Name

QUINLAN, DENIS

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

12620 SUNNYDALE DRIVE

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
NAME QUINLAN, DENIS
STREET ADDRESS 2929 WINDING OAK LANE
CITY-ST-ZIP WELLINGTON FL 33414

☐ DELETE

1.1 TITLE PD
1.2 NAME QUINLAN, DENIS
1.3 STREET ADDRESS 2929 WINDING OAK LANE
1.4 CITY-ST-ZIP WELLINGTON, FL 33414

☒ Change ☐ Addition

TITLE S
NAME QUINLAN, SANDRA R
STREET ADDRESS 2929 WINDING OAK LANE
CITY-ST-ZIP WELLINGTON FL 33414

☐ DELETE

2.1 TITLE S
2.2 NAME QUINLAN, SANDRA R.
2.3 STREET ADDRESS 2929 WINDING OAK LANE
2.4 CITY-ST-ZIP WELLINGTON, FL 33414

☒ Change ☐ Addition

TITLE T
NAME QUINLAN, JENNIFER A
STREET ADDRESS 4847 VIA PALM LAKE #1004
CITY-ST-ZIP W PALM BCH FL

☐ DELETE

3.1 TITLE VICE PRESIDENT
3.2 NAME QUINLAN, JENNIFER A.
3.3 STREET ADDRESS 592 GREEN SPRINGS PLACE
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED: QUINLAN
DATE: 7/16/99
DAYTIME PHONE: 561-833-8910

CR2E034 (5/99)

0075644