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

	PROFIT RPORATION UAL REPORT 1996	Sandra Secreta	RIMENT OF STATE B Mortham iry of State CORFORATIONS	
	MENT # F930	00005742 (2	}	
1. Corporation	TA DESIGNERS, INC.		,	
LEGI	TA DEGIGNENO, INC.			I (PAI) PA PAID (CORA MAN BRAN BRAN BRAN BRAN BRAN BRAN BRAN BR
Principal Plac	e of Business	Mailing Address		
303 HARRY		PO BOX 407		
CONSHOH	OCKEN PA 19428	CONSHOHOCKEN PA 1	9428	
				3. Date incorporated o Qualify 3a. Date of Last Report 04/20/1993
	lace of Business	2a. Mailing Address		12/20/1993 04/20/1995 4. FEI Number Applied For
Suite. Apt.	#. etc	Suite, Apt. #, etc.		23-1598152 Not Applicable
22		27		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	е	Gity & State		6. Election Campaign Financing 55.00 May Be
Ζιρ	Country	Z ₁ p	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199 032,
24	9. Name and Address of Curre	29	30	Florida Statutes Yes 🔲 No
	a. Name and Address of Cure	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent SAME - You HAD A TYPING FARGE
	A, MARC J		82 Street	SAME - YOU HAD A TYPING ENDOIL t Address IP.O. Box Number is Not Acceptable AU E 3941 CAMBELLO
3941 C Suite	CRAWFORD AVE.		83	3941 CLAUFILD AUE
	FL 33133			
44 5			84 City	MIAMI FL 85 33/33
Or register	to the provisions of Sections 607,050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 607.1508, Florida Statutes idu. Such change was authorized	the above named or by the corporation's	corporation submits this statement for the purpose of changing its registered office s board of directors. Thereby accept the appointment as registered agent. I am
SIGNATURE	, J	and the second minimum and a second s	MARC	J. LEOTTO
12.	Signative, by red or profeshious control to be chap-	Southertegerand Some SODIRECTORS	Beginner Agent signature	
fi ^r LE	С	DELFTE	1 1 LTLF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	LEOTTA, SAMUEL S		1.2 NAME	Man Silv Fill Wooding
STREET ADDRESS CITY - ST - ZIP	2464 BLIND PASS CT SANIBEL ISLAND FL		1.3 STHEET ADDRESS	
TITLE	PT	DELETE	2 1 TITLE	33957
NAME	LEOTTA, MARC J		2.2 NAME	A00 21 P Change Addition
STREET ADDRESS CITY-ST-ZIP	3941 CRAWFORD AVE. MIAMI FL		2.3 STHEET ADDRESS	2210
TIFLE	V	DELETE	2 4 CHY-(1 ZIP) 3 : 111LF	33(3)
NAME	LEOTTA, MARY B		3.2 NAME	ADD 2.P Change Addition
STREET ADDRESS CITY:ST:ZIP	2464 BLIND PASS CT Sanibel Island Fl		3.3 STREET ADDRESS	0.007
TITLE	S	DELF IE	4 1 TUTLE	33957 V Charge L Addition
NAME	KALBACH, JOHN R.		4.2 NAME	
STREET ADDRESS	2025 BRICKELL AVE., SUITE	#1902	4.3 STREET ADDRESS	3941 CLAWFORD AVE
CITY-ST-ZIP TIFLE	MIAMI FL		4 4 CHY - ST - ZIF	MIAMI FL 33133
NAME		DELETE.	5 1 TRUE 5 2 NAME	Change Addition
STREET ADDRESS			5 3 STREET ADDRESS	
CITY - ST - ZIP			54 CITY - ST- ZIP	
TITLE		DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME	
CITY - ST - ZIP			6.3 STHEET ADDRESS	
44 ()			6.4 CITY - ST - 7:P	

64CIY-ST-2P

14. If do hereby certify that the information supplied with this fing 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 conjugation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address

SIGNATURE:

3/1/96 (3.05)371-4949

SIGNATURE AND VIPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/7/96 (305) 371-4949

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CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000095242 (0)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business STE. 1010. 233 EAST BAY ST. JACKSONVILLE FL 32202	Mailing Address STE. 1010, 233 EAST BI JACKSONVILLE FL 3220				
			3. Date Incorporated or Qualified 12/13/1995	3a. Date of Last F	leport
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59 - 3354753		Applied For
Pulto Act # oto	26 Suite, Apt. #, etc.				Not Applicable 5 Additional
Suite, Apt. #, etc	27		5. Certificate of Status Desired		Required
City & State	City & State		6. Election Campaign Financing	T	May Be
Z _i p Cou		Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,		
4 25	29	30	Florida Statutes	□No	
	dress of Current Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent	
******	n.				
MCCULLOUGH, MICHAEL STE. 1010, 233 EAST BAY		82 Street Ad	dress (P.O. Box Number is Not Acceptable	e)	
JACKSONVILLE FL 32202	01.	83			
		84 City		FL 85 Z	ip Code
SIGNATURE Signature typed or printed re	ections 607,0502 and 607,1508, Florida Statute the State of Florida. Such change was authorize higations of, Section 607,0505, Florida Statutes and of register Lagret and stock according to OFFICERS AND DIRECTORS	DE Registered Ages Essipatory resp.		DATE	
12.	DELETE	1 1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	☐ Addition
NAME MCCULLOUGH,	, MICHAEL R	12 NAME			
STREET ADDRESS STE. 1010, 233		1.3 STREE! ADDRESS			
CITY-SI-ZIP JACKSONVILLE	FL 32202	1.4 CHTY - ST - ZIP 2. 1 THILE		Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADORESS			
CITY-ST-ZIF	E DOLLE	2 4 CHY - ST - ZIP		Change	☐ Add:tion
TITLE NAME	☐ DELETE	3 1 TITLE 3 2 NAME		☐ Gridinge	☐ Yathion
RANIE		3.3 STREET ADDRESS			
STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		3 4 CITY - ST - ZiP			FT LIPS
CITY - ST - ZIP	☐ DELETE	4 TITLE		☐ Change	Addition
CITY-ST-ZIP TITLE NAME	DELETE.	4 : TITLE 4 2 NAME		☐ Change	Addition
CITY-ST-ZIP TITLE	☐ DELETE	4 TITLE			
CITY-ST-ZIP TITLE NAME SIREEI ADDRESS	☐ DELETE	4 : TiTLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE		☐ Change	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS		4 : TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		4 : TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4 : TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	4 : TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 6 1 TITLE		☐ Change	Addition