

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G82368 (3)**

1. Corporation Name
TAMANACO ASSOCIATES, INC.



Principal Place of Business Mailing Address
415 S FED HWY POB 247 DANIA FL 33004

3. Date Incorporated or Qualified **12/07/1983** 3a. Date of Last Report **04/25/1995**
4. FEI Number **59-2345841** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1048 Kane Concourse** 26 **1048 Kane Concourse**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 2B** 27 **Suite 2B**
City & State City & State
23 **Bay Harbor, FL** 28 **Bay Harbor, FL**
Zip Country Zip Country
24 **33154 USA** 25 **USA** 29 **33154** 30 **USA**

9. Name and Address of Current Registered Agent
**ADMIN CORP
415 S FED HWY
DANIA FL 33004**

10. Name and Address of New Registered Agent
81 Name **Seth Gadinsky**
82 Street Address (P.O. Box Number is Not Acceptable) **1048 Kane Concourse - Suite 2B**
83
84 City **Bay Harbor** FL 85 Zip Code **33154**

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 *Seth Gadinsky* DATE **3/28/96**
Signature, typed or printed name of registered agent and time of qualification (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PSTD GOODMAN, MURRAY	<input checked="" type="checkbox"/>
NAME	413 S FED HWY DANIA, FL 00000	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P Seth Gadinsky	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	1048 Kane Concourse - Suite 2B		
1.3 STREET ADDRESS	Bay Harbor, FL 33154		
1.4 CITY- ST- ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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: *Seth Gadinsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/28/96**
DATE

CR2E034 (12/95)