

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

**FILED**  
**Apr 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H17636 (2)**  
 1. Corporation Name  
**TIGER HOLDING, INC.**



Principal Place of Business <b>114 SUNSET DRIVE COCOA BEACH FL 32931 US</b>	Mailing Address <b>P.O.B OX 321484 COCOA BEACH FL 32932-1484 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/16/1984</b>	
4. FEI Number <b>59-2463815</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**BUNTING, JEANETTE R**  
**114 SUNSET DRIVE**  
**COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>BUNTING, JAMES R. SR</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Director &amp; Vice Pres.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>383 N ATLANTIC AVE #101</b>	1.2 NAME <b>Dr. Pavel Komanicky</b>	
STREET ADDRESS	<b>COCOA BEACH FL</b>	1.3 STREET ADDRESS <b>1451 Washington Blvd., Suite 2103</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Detroit, Michigan</b>	
TITLE <b>DR</b>	<b>BUNTING, JAMES R., JR.</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>Director ONLY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>148 WEST VOLUSIA LANE</b>	2.2 NAME <b>James R. Bunting, Jr.</b>	
STREET ADDRESS	<b>COCOA BEACH FL</b>	2.3 STREET ADDRESS <b>148 West Volusia Lane</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Cocoa Beach, Fl.</b>	
TITLE <b>SDP</b>	<b>BUNTING, JEANETTE R.</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>114 SUNSET DRIVE</b>	3.2 NAME	
STREET ADDRESS	<b>COCOA BEACH FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>VOOR, JAMES A JR</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>6494 ALLEGHANY AVE</b>	4.2 NAME <b>Linda Bunting</b>	
STREET ADDRESS	<b>COCOA FL</b>	4.3 STREET ADDRESS <b>148 West Volusia Lane</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Cocoa Beach, Fl.</b>	
TITLE <b>D</b>	<b>TIGER, JULIANNA</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>101 IROQUOIS ROAD</b>	5.2 NAME	
STREET ADDRESS	<b>YONKERS N</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>T</b>	<b>BUNTING, JEANETTE, R</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>114 SUNSET DR</b>	6.2 NAME	
STREET ADDRESS	<b>COCOA BEACH FL</b>	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: *Jeanette R. Bunting* **Jeanette R. Bunting 3-31-98** 407-784-  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0540977

CR2E034 (10/97)