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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

	F	ILED	l
May	15	1998	8:00am
Sec	cret	ary of	State

TAMAF	r Plaza, inc.					
Principal Place of Business  9840 INTERNATIONAL DR  ORLANDO FL 32819 US		Mailing Address 9840 INTERNATIONAL DR ORLANDO FL 32819 US		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 11/01/1984	
<del> </del>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2462052	Not Applicable
Suite, Apt.	#, <b>Θ</b> IC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Counti	У	8. This corporation owes or has paid the	current year Intangible
24	25 9. Name and Address of Curre	29]	30		Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
D/	· · · · · · · · · · · · · · · · · · ·	our Hegistered Mgent	81	I Name	10. Haine and Address of How Registers	A LABOUR
	DSEN, HARRIS 100 INTERNATIONAL DRIVE					
	RLANDO FL 32819		62	Street Add	fress (P.O. Box Number is Not Acceptable)	
0,	IDAIDO (E SEOID		83			·
1			100	d		
1			84		F	L 85 Zip Code
office or r agent I a					poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
12.	Signature, typed or pointed name of registered a OLFICERS AL	NO DIRECTORS	13.	gert signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	<b>D</b> P	DELETE	1.1,70TLE			Change Addition
NAME	ROSEN, HARRIS		1.2 NAME			ŀ
STREET ADDRESS	7600 INTERNATIONAL DRIV	Æ	1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-	S1 - ZIP		
TITLE	8	☐ DELITE	2.1 TITLE			☐ Change ☐ Addition
NAME	WOODALL, ANNETTE		2.2 NAME			
STREET ADDRESS	933 WESSON DR.			1 ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	DELETE	2. 4 C(1)	- S1 - 7(P		Change Addition
TITLE NAME		בן טנגנונ	3.1 TITLE 3.2 NAME			El cuante El violution
				1		
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-	1 ADDRESS		
TITLE		DELFTE	4.1 TITLE	317411		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDHESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELFTE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	S1 - 71P		
TITLE		☐ DELETE	6 1 1 ITLF			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	1 ADDRESS		
CITY-ST-ZIP			64 CHY-			<u>,.</u>
14. I hereby o	sertify that the information supplied.	with this filing does not quality	v for the exemi	otion stated in	Section 119 07(3)(i) Florida Statutes, I further	certify that the information

Indicated on this arministration supplied with this ining does not quality for the exemptor stated in Section 1.19.07.03th, Florida Statutes, Turnier Centry that the information indicated on this arministration of supplicit supplied annual report is frue and accurate and that my signature shall have the same logal effect as if made under outh, that I am an officer or director of the corporation or the receiver of 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 change vor on an attachment with an address.

4/21/08 (407)351-1600