

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 # **J78157 (1)**

1. Corporation Name
TAMBONE COMMERCIAL REAL ESTATE, INC.



Principal Place of Business: **4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418**
Mailing Address: **4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified: **06/17/1987**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business
21 **4200 Wackenhut Drive**
Suite, Apt. #, etc.
22 **Suite 110**
City & State
23 **Palm Beach Gardens FL**
Zip Country
24 **33410** 25
2a. Mailing Address
26 **4200 Wackenhut Drive**
Suite, Apt. #, etc.
27 **Suite 110**
City & State
28 **Palm Beach Gardens FL**
Zip Country
29 **33410** 30

4. FEI Number: **59-2836716**
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

9. Name and Address of Current Registered Agent
**FLANIGAN, JOHN F
625 N. FLAGLER DR.
9TH FLOOR, BARNETT CENTRE
WEST PALM BEACH FL 33401**

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

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) _____ (Name) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	TAMBONE, LORI B	
STREET ADDRESS	4500 PGA BLVD., SUITE 304B	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	TAMBONE, JOHN	
STREET ADDRESS	4500 PGA BLVD., SUITE 304B	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DPVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS	4200 Wackenhut Dr., Suite 110	
14. CITY-ST-ZIP	Palm Beach Gardens FL 33410	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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 successor 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: *Lori B. Tambone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96
407-625-0008
Date: _____ Myline Phone # _____

CR2E034 (12/95)