

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M84387** (3)

1. Corporation Name  
**TAMARAC, INC.**



Principal Place of Business: **% L. FRANK CHOPIN 440 ROYAL PALM WAY #300 PALM BEACH FL 33480**  
 Mailing Address: **% L. FRANK CHOPIN 440 ROYAL PALM WAY #300 PALM BEACH FL 33480**

3. Date Incorporated or Qualified: **06/08/1988** 3a. Date of Last Report: **04/26/1995**  
 4. FEI Number: **65-0113023** 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: 21 State, Apt. #, etc.: **Suite 200** 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 State, Apt. #, etc.: **Suite 200** 27 City & State: 28 Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**CHOPIN, L. FRANK  
 CHOPIN, MILLER & YUDENFREUND  
 440 ROYAL PALM WAY, STE 200  
 PALM BEACH FL 33480**

**10. Name and Address of New Registered Agent**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0507 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 607.0507, Florida Statutes.

SIGNATURE

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> OFFICER
NAME	<b>D CHOPIN, L. FRANK</b>
STREET ADDRESS	<b>440 ROYAL PALM WAY, STE 200</b>
CITY, ST, ZIP	<b>PALM BEACH FL</b>
TITLE	<input type="checkbox"/> OFFICER
NAME	<b>PDS GARDNER, CLAIRE B.</b>
STREET ADDRESS	<b>315 S. LAKE DRIVE</b>
CITY, ST, ZIP	<b>PALM BEACH FL</b>
TITLE	<input type="checkbox"/> OFFICER
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> OFFICER
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> OFFICER
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 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 correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in this annual report or special information annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the executor 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 of this report.

SIGNATURE: *[Signature]*  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**L. Frank Chopin**

(407) 655-9500  
 Division of Corporations

CR2E034 (12/95)