

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90239 010 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000052771**

1. Corporation Name  
**SIERRA TANGO CORPORATION**

Principal Place of Business 4200 WACKENHUT DRIVE SUITE 110 PALM BEACH GARDENS FL 33410 US	Mailing Address 4200 WACKENHUT DRIVE SUITE 110 PALM BEACH GARDENS FL 33410 US
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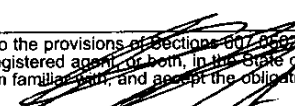
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10 Burlington Mall Rd. Suite, Apt. #, etc. 22 Suite 245 City & State 23 Burlington MA Zip Country 24 01803 25 USA	2a. Mailing Address 26 10 Burlington Mall Rd. Suite, Apt. #, etc. 27 Suite 245 City & State 28 Burlington MA Zip Country 29 01803 30 USA
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3. Date Incorporated or Qualified 07/18/1994	4. FEI Number 65-0506924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent TAMBONE, RICHARD P 2141 S. ALTERNATE A1A, #400 JUPITER FL 33477	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 222 Lakeview Ave. 83 17th Floor 84 City West Palm Beach FL 85 Zip Code 33401
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11. Pursuant to the provisions of Sections 607.0007 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  DATE 4-30-99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMBONE, LORI B	1.2 NAME	
STREET ADDRESS	4200 WACKENHUT DR., STE 110	1.3 STREET ADDRESS	10 Burlington Mall Rd., Suite 245
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	Burlington MA 01803
TITLE	DPT <input type="checkbox"/> DELETE	2.1 TITLE	DPVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMBONE, RICHARD P	2.2 NAME	
STREET ADDRESS	4200 WACKENHUT DR., STE 110	2.3 STREET ADDRESS	222 Lakeview Ave., 17th Floor
CITY-ST-ZIP	PALM BEACH GARDEN FL	2.4 CITY-ST-ZIP	West Palm Beach FL 33401
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 as an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4-30-99 DAYTIME PHONE # 781-270-0244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)