

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

FILED

Jan 14 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P94000093848 (7)
 1. Corporation Name
TAMARAC BUSINESS CENTER, INC.



| | |
|--|---|
| Principal Place of Business 3321 SW 15TH ST POMPANO BEACH FL 33069 | Mailing Address 3321 SW 15TH ST POMPANO BEACH FL 33069-4808 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/27/1994 | 3a. Date of Last Report 03/04/1996 |
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| | |
|--|--|
| 2. Principal Place of Business 21 2005 W. CYPRESS CREEK RD Suite, Apt #, etc 22 SUITE: 202 City & State 23 FT. LAUDERDALE, FL Zip 24 33309 Country 25 BROWARD | 2a. Mailing Address 26 2005 W. CYPRESS CREEK RD Suite, Apt #, etc. 27 SUITE: 202 City & State 28 FT. LAUDERDALE, FL Zip 29 33309 Country 30 BROWARD |
|--|--|

| | |
|---|--|
| 4. FEI Number 65-0559515 | Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

g. Name and Address of Current Registered Agent
HOLLAND, MICHELLE
150 W FLAGLER ST
2200 MUSEUM TOWER
MIAMI FL 33130

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 |

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

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BUTTERS, NATHAN |
| STREET ADDRESS | 3321 SW 15TH ST |
| CITY-ST-ZIP | POMPANO BEACH FL 33069 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BUTTERS, SAMUEL |
| STREET ADDRESS | 3321 SW 15TH ST |
| CITY-ST-ZIP | POMPANO BEACH FL 33069 |
| 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

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 2005 W. CYPRESS CREEK RD, SUITE:202 |
| 1.4 CITY-ST-ZIP | FT.LAUDERDALE, FL 33309 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 2005 W. CYPRESS CREEK RD., SUITE:202 |
| 2.4 CITY-ST-ZIP | FT.LAUDERDALE, FL 33309 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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: _____ Date: _____ Daytime Phone # _____

CR2E034 (9/96)

1-8-97 (954)771-5056