

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000005194 (2)

1. Corporation Name
TAMARAC CORPORATE, INC.



Principal Place of Business
**8931 N. FLORIDA AVE.
TAMPA FL 33604**

Mailing Address
**8931 N. FLORIDA AVE.
TAMPA FL 33604**

3. Date Incorporated or Qualified
01/17/1995

3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
1733 FLETCHER AVENUE
City & State
TAMPA, FL 33612
Zip Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
1733 FLETCHER AVENUE
City & State
TAMPA, FL 33612
Zip Country
29

4. FEI Number
59-3290016

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

**LEVIN, LEONARD
8931 N. FLORIDA AVE.
TAMPA FL 33604**

10. Name and Address of New Registered Agent

81 Name
CLIFFORD L. WALTERS

82 Street Address (P.O. Box Number is Not Acceptable)
802 11TH STREET

83

84 City
BRADENTON

85 Zip Code
FL 34205

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 *Clifford Walters*

4/24/96

12. OFFICERS AND DIRECTORS

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	
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 checked="" type="checkbox"/> Addition
1.2 NAME	P/D RICHARD LEVIN
1.3 STREET ADDRESS	7646 N. LOCKWOOD RIDGE ROAD
1.4 CITY - ST - ZIP	SARASOTA, FL 34243
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/S/D SUZANNE LEVIN RICE
2.3 STREET ADDRESS	1733 FLETCHER AVENUE
2.4 CITY - ST - ZIP	TAMPA, FL 33612
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V/D STEVEN LEVIN
3.3 STREET ADDRESS	P.O. BOX 93-6260
3.4 CITY - ST - ZIP	MARGATE, FL 33093-6260
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T JILL LEVIN
4.3 STREET ADDRESS	P.O. BOX 11229
4.4 CITY - ST - ZIP	KNOXVILLE, TN 37939
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	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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***600.00

05-01-96 ORL

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 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 changing, on an attachment with an address.

SIGNATURE: *Richard Levin* Treasurer

4/29/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (12/95)