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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000005194 (2)

1. Corporation Name
TAMARAC CORPORATE, INC.



Principal Place of Business: 1733 FLETCHER AVE TAMPA FL 33612 US
Mailing Address: 1733 FLETCHER AVE TAMPA FL 33612-1620 US

3. Date Incorporated or Qualified: 01/17/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
22. Suite, Apt. #, etc. (27)
23. City & State (28)
24. Zip (29), Country (30)

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
WALTERS, CLIFFORD L
802 11 ST
BRADENTON FL 34205

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)

12. OFFICERS AND DIRECTORS
 TITLE: PD
 NAME: LEVIN, RICHARD
 STREET ADDRESS: 7646 N LOCKWOOD RIDGE RD
 CITY-ST-ZIP: SARASOTA FL 34243
 [] DELETE
 TITLE: VSD
 NAME: RICE, SUZANNE L
 STREET ADDRESS: 1733 FLETCHER AVE
 CITY-ST-ZIP: TAMPA FL 33612
 [] DELETE
 TITLE: VD
 NAME: LEVIN, STEVEN
 STREET ADDRESS: P.O. BOX 93-6260 N/A
 CITY-ST-ZIP: MARGATE FL 33093-6260
 [] DELETE
 TITLE: J
 NAME: LEVIN, JILL
 STREET ADDRESS: P.O. BOX 11229 N/A
 CITY-ST-ZIP: KNOXVILLE TN 37939
 [] DELETE
 [] DELETE
 [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE [] Change [] Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE [] Change [] Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE [X] Change [] Addition
 3.2 NAME: Levin, Steven
 3.3 STREET ADDRESS: 1739 Lyons Rd.
 3.4 CITY-ST-ZIP: Coconut Creek, FL 33063
 4.1 TITLE [] Change [] Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE [] Change [] Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE [] Change [] Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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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 in an attachment with an address.

CR2E034 (9/96)