

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000058807 (5)**

1. Corporation Name
TAMARAC CONSULTING, INC.



Principal Place of Business: **3065 BIRKDALE FT LAUDERDALE FL 33332**
Mailing Address: **3065 BIRKDALE FT LAUDERDALE FL 33332**

3. Date Incorporated or Qualified: **07/31/1995**
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	City & State	
24	29	Zip	Country
25	30	Zip	Country

4. FEI Number 65-0600862	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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		

9. Name and Address of Current Registered Agent

**MILLMAN, PAUL
2855 UNIVERSITY DRIVE SUITE 410
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: _____ (NAME: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME P/T Sidney Sontag
TITLE <input type="checkbox"/> DELETE	NAME	1.3 STREET ADDRESS 3065 Birkdale
STREET ADDRESS	CITY-ST-ZIP	1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33332
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME S Eleanor Sontag
TITLE <input type="checkbox"/> DELETE	NAME	2.3 STREET ADDRESS 3065 Birkdale
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33332
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP

BK DEP \$200.00

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 changed, or on an attachment, with an address

SIGNATURE: *Sidney Sontag*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SIDNEY SONTAG**
DATE: *4/24/96* 9883891201
Daytime Phone #

CR2E034 (12/95)