PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000095429

1. Corporation Name

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90086 009 ***150.00

TABCAV,	, INC								
Principal Place	of Rusiness	Mailing Address					IB IBIBI BIKIL BIBIA	\$1 0 10 10 11 50 01	
•		34550 MISSION BELL LN	1						
34550 MISSION BELL LN. DADE CITY FL 33525		DADE CITY FL 33525	•						
• • • • • • • • • • • • • • • • • • • •						DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualifed			
						11/03/1997			
2. Principal Place of Business		2a. Mailing Address				4, FEI Number	<u> </u>	pplied For	
21		26				59-3480963		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	¥ - · · ·	Additional equired	
22		City & State				- Flexies Consider Financia			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	-	May Be to Fees	
Zip	Country	Zip	C	ountry		This corporation owes the current year		7	==
	25	29	30	- Cui i i i		Personal Property Tax.	Yes	₽No	
24	9. Name and Address of Curre	. 	1301			10. Name and Address of New Registere	d Agent		
	g. Haine and Addiess of Care	W Hodiotoroa y Gold		81	Name				
TABE	B, JANICE T						<u></u>		
34550 MISSION BELL LN.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
DADI	E CITY FL 33525			83			20411		
				Ш					
	•			84	City	F	85 Zip	Code	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig:	e of Florida. Such change was ations of, Section 607.0505, F	authoriz Iorida Si	zed by tatutes.	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its cintment as re	egistered	
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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 champed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(352) 5772317