

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S90749 (0)**

1. Corporation Name  
**1763 TAMAMI CORPORATION**



Principal Place of Business: **1601 BELVEDERE RD., SUITE 407 WEST PALM BEACH FL 33406 US**

Mailing Address: **1601 BELVEDERE RD., SUITE 407 WEST PALM BEACH FL 33406 US**

3. Date Incorporated or Qualified: **10/30/1991**

3a. Date of Last Report: **02/22/1995**

4. FEI Number: **65-0295615**

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

2. Principal Place of Business: **1601 Belvedere Rd Suite 407 South**

2a. Mailing Address: **1601 Belvedere Rd Suite 407 South**

21-24: City, State, Zip, Country

25-28: City, State, Zip, Country

9. Name and Address of Current Registered Agent: **GERSON, GARY N. 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>METZ, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>1645 PALM BCH. LAKES BLVD.</b>	1.3 STREET ADDRESS	<b>8008 S. Flagler Court</b>
CITY-STATE-ZIP	<b>W. PALM BEACH FL</b>	1.4 CITY-STATE-ZIP	<b>Zip 33405</b>
TITLE	<b>DP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCFADDIN, LANCE</b>	2.2 NAME	
STREET ADDRESS	<b>5851 SAN LEIPE, SUITE 215</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>HOUSTON TX</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>CDS</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, ARTHUR</b>	3.2 NAME	
STREET ADDRESS	<b>1601 BELVEDERE RD 407 S</b>	3.3 STREET ADDRESS	<b>Zip 33406</b>
CITY-STATE-ZIP	<b>W. PALM BEACH FL</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASARCH, GAIL</b>	4.2 NAME	
STREET ADDRESS	<b>1601 BELVEDERE RD 407 S</b>	4.3 STREET ADDRESS	<b>Zip 33406</b>
CITY-STATE-ZIP	<b>W. PALM BEACH FL</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAPES, PAUL</b>	5.2 NAME	
STREET ADDRESS	<b>1601 BELVEDERE RD., SUITE 407 S</b>	5.3 STREET ADDRESS	<b>suite 407 South</b>
CITY-STATE-ZIP	<b>WEST PALM BEACH FL</b>	5.4 CITY-STATE-ZIP	<b>Zip 33406</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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: [Signature] 3/14/96 407-689-6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (BLOCK #)

CR2E034 (12/95)