FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # V67215



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

04-22-1999 90048 027 ***150.00

1, Corporation					
TARTZ, I	INC.				
Principal Place	e of Business	Mailing Address		1	
7720 NEWPORT		7720 NEWPORT LN			
PARKLAND FL	33067.	PARKLAND FL 33067 US		DO NOT WRITE	E IN THIS SPACE
US		UŞ		3. Date Incorporated or Qualifed	
		•		09/29/1992	
2. Principal P	lace of Business	2a. Mailing Address	1 /	4. FEI Number	Applied For
21 7731	Newport Lane	26 7731 New	woort Lane	65-0365 159	Not Applicable
Suite Apt.		Suite Apt. #, etc.	1 12/	5. Certificate of Status Desired	\$8.75 Additional
22 Par	Kland, TL.	27 tarkland,	TU.		Fee Required
City & Stat		Gity & State	11.5.A.	Trust Fund Contribution	S5.00-May Be Added to Fees
23 <u>330</u>	Country	28 <u>33067</u>	Country	8. This corporation owes the curre	
Zip	25	29 30	¬ ·	Personal Property Tax.	Yes No
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Ro	egistered Agent
81 Name Co.				7 1/05 4	
ZONLEMBAN, THACL				2001 2001 -1	
7720 NEWPORT LN			02 31100777	31 Newbort L	ine
PARI	KLAND FL 33067		83 Day N	Class FL.	33067
•			84 City	rians, 1	85 Zip Code
			11'		FL
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.					
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE	~ Maw <u< td=""><td>Reiman 18</td><td>ary wiken</td><td>man <u>Ta</u></td><td>DATE / /// /</td></u<>	Reiman 18	ary wiken	man <u>Ta</u>	DATE / /// /
42	Signature, typed or printed name of pointered agent		egisterer Agent signature require	ADDITIONS/CHANGES TO OFF	
12.	PST	DELETE	1.1 TITLE	ABBITIONES STIMINGES TO GET	Change Addition
NAME	ZUKERMAN, TRACY		1.2 NAME		
STREET ADDRESS	7720 NEWPORT LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		}
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	<u></u>	Channa Maddition
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	İ		3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETÉ	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE	1		4.1 IIILE 4.2 NAME		
NAME STREET ADDRESS	Totale.		4.3 STREET ADDRESS		
CITY-ST-ZIP	1982 1983		4.4 CITY-ST-ZIP		,
TITLE	7502	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7ID	, -		6.4 CITY-ST-ZIP		

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 requiver 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 appear with an address, with all other like empowered.

SIGNATURE: