

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF
DIVISION OF CORP.**

95 APR -7 AM 1

DOCUMENT # 310891

(7)

1. Corporation Name

TANDEN CORPORATION

Principal Place of Business

**2600 CARTER GROVE CIR.
WINDERMERE FL 34786**

Mailing Address

**2600 CARTER GROVE CIR.
WINDERMERE FL 34786**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/10/1966

3a. Date of Last Report

02/25/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1366584

Applied For

Not Applicable

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OGRAM, A. MICHAEL
2600 CARTER GROVE CIR.
WINDERMERE FL 32786**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
OGRAM, ARLENE C.
2600 CARTER GROVE CIR.
WINDERMERE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
OGRAM, MICHAEL A
2600 CARTER GROVE CIR.
WINDERMERE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HENDRICKS, SHERRI L.
2600 CARTER GROVE CIR.
WINDERMERE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - 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 118.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Michael Ogram A. MICHAEL OGRAM, PRESIDENT 4-2-95 407-358-4680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #