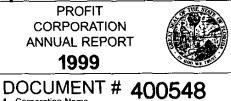
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name TALARIA, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90080 008 ***150.00

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Principal Place	e of Business	Mailing Address				4 lattin older datit onen arbit ande tan Older einer aran ande	, WIEII BIBII IBBI	
C/O STUART J MAC IVER 1177 S.E. 3RD AVE. 1177 S.E. 3RD AVE. FT. LAUDERDALE FL 33316 C/O STUART J MAC IVER 1177 S.E. 3RD AVE. FT. LAUDERDALE FL 33316			ŝ	DO NOT WRITE IN THIS SPA		DO NOT WRITE IN THIS SPACE		
US	US				3. Date Incorporated or Qualifed 05/05/1972			
2. Principal Pl	Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For			
21		26			65-0254486	lot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E Cortifocts of Statue Desired	Additional Required	
City & State	9	City & State					May Be	
Zip	Country	Zip Country			This corporation owes the current year Intangible			
24	25	29				Personal Property Tax.		
[24]	9. Name and Address of Currer					10. Name and Address of New Registered Agent		
-	V. Hamile and Madress of Outlet			81	Name			
MAC IVER, STUART J 1177 S.E. THIRD AVE.			82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
	AUDERDALE FL 33316			83				
				84	City	FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the a	bove	-named corpo	pration submits this statement for the purpose of changing it	ts registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	utnorizeo rida Stat	utes.	те согрогано	n's board of directors. I hereby accept the appointment as i	egistered	
SIGNATURE	·	THE PARTY OF THE P	De elete		signature required	when reinstating) DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	Ayent	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	DPST	☐ DELETE	1.1 Ti	TLE		☐ Change		
NAME	MINOTTI, ELVIRA		1.2 N	AME	1			
STREET ADDRESS	VIA GARAVAI, 6807		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	TAVERNE SW			ITY-ST			J	
TITLE	AS	☐ DELETE	2.1 TI			☐ Change	Addition	
NAME I	MAC IVER, STUART J		2.2 N	AME.				
STREET ADDRESS	1177 S.E. THIRD AVE		2.3 5	TREET	ADORESS]	
CITY-ST-ZIP			ITY-ST	r-ZIP				
TITLE	DELETE 3.1 TI		TLE		☐ Change	Addition		
NAME			3.2 N	AME	1		}	
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP			3.4.0	TY-ST	r-ZIP			
TITLE		☐ DELETE	4.1 TI	TLE		Change	Addition	
NAME			4.21	IAME]	
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 C	fTY-S <u>T</u>	ZIP			
TITLE		☐ DELETE	5.1 TI			☐ Change	e	
NAME			5.2 N					
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP				ITY-ST	-ZIP			
TITLE		☐ DELETE	6.1 T			Change	e ☐ Addition	
NAME			6.2 N					
STREET ADDRESS			6.3 S	TREET	ADDRESS			
J J	,		8.4 C	JTY-ST	·ZIP		1	

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: