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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 429617

1. Corporation Name

(4)

THE TARPHO CORPORATION

Principal Pace of Business 777 ROOSEVELT BLVD TARPON SPRINGS FL 34689 US 3. Date Incorporated or Qualified 778 ROOSEVELT BLVD TARPON SPRINGS FL 34689 US 3. Date Incorporated or Qualified 779 ROOSEVELT BLVD TARPON SPRINGS FL 34689 US 3. Date Incorporated or Qualified 779 ROOSEVELT BLVD 778 ROOSE					THE TAIL TO COME CHATION							
TARPON SPRINGS FL 34689 US TARPON SPRINGS FL 34689 US 3. Date Incorporated or Qualified 3s. Date of Last Report 03/10/2/1973 03/14/1995 2. Principal Place of Business 2s. Mailing Address 4. FEI Number 59-1482463 2No. Na. Appl. 4, etc. 55-1482463 No. Na. Appl. 4,		II BIBLI GIBIL BIBLL	Baldi istii idii darai				ailing Address	Maili		of Business	cipal Place c	Prin
2. Principal Place of Business	W W .						TARPON SPRINGS FL	T			TARPON SPR	T
Suite, Apt. #, etc. Suite, Ap	3a. Date of Last Report 03/14/1995		alified 3a. Da									
Suite, Apt. #, etc. Suite, Apt. #, etc.	pplied For ot Applicable	h	· · · · · · · · · · · · · · · · · · ·				Mailing Address	<u> </u>		e of Business	Principal Plac	
City & State Ci							Suite. Apt. #. etc.			etc	Suite Apt #	_
Trust Fund Contribution Added to F			ired	5. Certificate of Status Desired							Sento; 7 (51) 7 (
Zip	•	, ,	ncing 🔲	, - 5			City & State				City & State	
9. Name and Address of Current Registered Agent MONA, MICHAEL PN 520 ISLAND AVE TARPON SPRINGS FL 34689 13. Street Address (P.O. Box Number is Not Acceptable) 14. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SUPPLY STATEMENT OF FIGURES AND DIRECTORS 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 register or registered agent with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SUPPLY STATEMENT OF FIGURES AND DIRECTORS 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 register agent agent and accept the appointment as registered agent and the interpretation is provided remained registered agent and remained remained registered agent and remained remained remained remained remained rema	99.032,				ry	Countr	Zip		Country		Zip	2
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MONA, MICHAEL PN 520 ISLAND AVE TARPON SPRINGS FL 34689 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Cox 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 regist 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 familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE SIGNATURE SUPPLIES, AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. II 14. III.LE MONA, MICHAEL PN SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS TARPON SPRINGS FL 3 4689 14. City St-2ip TARPON SPRINGS FL 3 4689 14. City St-2ip 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. II 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. II 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. II 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. II 19. Change		eo Agent	New Hegistere	10. Name and Address of New	1 Name	RI	stered Agent	urrent Registe	d Address of Co	g. Name and		
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CITY-ST-ZIP 6.4 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 119.07(3)(k), Florida Statutes. I 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 in the 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 in the certification 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 in the certification 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 in the certification indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made in the certification indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made in the certification indicated on the ce	as. I further), Florida Statut	ion 119.07(3)(k).	for the exemption stated in Section 1	oes not qualif	nished and do	s filing is voluntarily fur	olied with this fi	information sup	certify that the	Ldo barabi	CITY

Mindature and type of the printed name of Signing Officer on Director Date Officer on Director

CR2E034 (12/95)