SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:54

DOCUMENT # **436479** **(0)**

1. Corporation Name
TARLETON, INC.

Principal Place of Business	Mailing Address
2469 COLLINS AVENUE MIAMI BEACH FL 33140-7129	2469 COLLINS AVENUE MIAMI BEACH FL 33140-7129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1973
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21 13594 S.W. 58 Ave.
22 Suite, Apt. #, etc.
23 City & State: Miami, Fl.
24 Zip: 33156 25 Country: USA

2a. Mailing Address
26 13594 S.W. 58 Ave.
27 Suite, Apt. #, etc.
28 City & State: Miami, Fl.
29 Zip: 33156 30 Country: USA

4. FEI Number: 59-1485940 ☐ 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

9. Name and Address of Current Registered Agent

JACOBS, ERIC
13594 S.W. 58TH AVENUE
MIAMI FL 33156

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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: Eric M. Jacobs 6/19/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS (DELETE ONLY TITLE)		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	JACOBS, MOLLIE	12 NAME		
STREET ADDRESS	13594 SW 58TH AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	JACOBS, ERIC	22 NAME		
STREET ADDRESS	13594 S.W. 58TH AVENUE	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	JOCOBS, RICHARD	32 NAME		
STREET ADDRESS	6246 S.W. 99TH TERRACE	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: Eric M. Jacobs Eric Jacobs 6/19/95 305-531-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048276 CP