

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 487383 (2)

1. Corporation Name
TAULERE, INC.



Principal Place of Business

Mailing Address

~~1000 CENTRAL AVENUE
SARASOTA FL 34236-3314~~

~~1000 CENTRAL AVENUE
SARASOTA FL 34236-3314~~

2. Principal Place of Business

2a. Mailing Address

21 5230 N Tamiami Trail

26 5230 N Tamiami Trail

22 City & State
Sarasota FL

27 City & State
Sarasota FL

23 Zip
34234

28 Zip
34234

24 Country

29 Country

9. Name and Address of Current Registered Agent

YADLEY, GREGORY C.
ASHLEY TOWER
100 S. ASHLEY DR. SUITE 1400
TAMPA FL 33602

3. Date Incorporated or Qualified
10/08/1975

3a. Date of Last Report
01/26/1995

4. FEI Number

59-1625625

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

10. Name and Address of New Registered Agent

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 type for printed name of registered agent and filed appropriate

(NOTE: Registered Agent's signature required when removing)

Date

12.

OFFICERS AND DIRECTORS

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TAULERE, ALAIN
3941 N. SHELL ROAD
SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
TAULERE, BONNIE
3941 N. SHELL ROAD
SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

400001919054
-08/12/96--01032--039
***225.00

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 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 612, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/20/98