

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 513933 (2)
1. Corporation Name
TACT COMPANY



Principal Place of Business
P O BOX 414616
MIAMI BEACH FL 33141
US

Mailing Address
P O BOX 414616
MIAMI BEACH FL 33141
US

3. Date Incorporated or Qualified 10/05/1976	3a. Date of Last Report 04/14/1995
4. FEI Number 59-1782115	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. 199.012, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

SIROTTA, SUSAN
1771 CLEVELAND ROAD
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Secretary of State under the Florida Statutes.

SIGNATURE

SUSAN SIROTTA, PRESIDENT

Date of Signature of Agent/Secretary of State in parentheses (month/day/year)

2/21/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1. TITLE	2. NAME
3. STREET ADDRESS	4. CITY-STATE-ZIP	3. STREET ADDRESS	4. CITY-STATE-ZIP
5. TITLE	6. NAME	5. TITLE	6. NAME
7. STREET ADDRESS	8. CITY-STATE-ZIP	7. STREET ADDRESS	8. CITY-STATE-ZIP
9. TITLE	10. NAME	9. STREET ADDRESS	10. CITY-STATE-ZIP
11. STREET ADDRESS	12. CITY-STATE-ZIP	11. CITY-STATE-ZIP	12. CITY-STATE-ZIP
13. TITLE	14. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP
15. STREET ADDRESS	16. CITY-STATE-ZIP	15. CITY-STATE-ZIP	16. CITY-STATE-ZIP
17. TITLE	18. NAME	17. STREET ADDRESS	18. CITY-STATE-ZIP
19. STREET ADDRESS	20. CITY-STATE-ZIP	19. CITY-STATE-ZIP	20. CITY-STATE-ZIP
21. TITLE	22. NAME	21. STREET ADDRESS	22. CITY-STATE-ZIP
23. STREET ADDRESS	24. CITY-STATE-ZIP	23. CITY-STATE-ZIP	24. CITY-STATE-ZIP
25. TITLE	26. NAME	25. STREET ADDRESS	26. CITY-STATE-ZIP
27. STREET ADDRESS	28. CITY-STATE-ZIP	27. CITY-STATE-ZIP	28. CITY-STATE-ZIP
29. TITLE	30. NAME	29. STREET ADDRESS	30. CITY-STATE-ZIP
31. STREET ADDRESS	32. CITY-STATE-ZIP	31. CITY-STATE-ZIP	32. CITY-STATE-ZIP
33. TITLE	34. NAME	33. STREET ADDRESS	34. CITY-STATE-ZIP
35. STREET ADDRESS	36. CITY-STATE-ZIP	35. CITY-STATE-ZIP	36. CITY-STATE-ZIP
37. TITLE	38. NAME	37. STREET ADDRESS	38. CITY-STATE-ZIP
39. STREET ADDRESS	40. CITY-STATE-ZIP	39. CITY-STATE-ZIP	40. CITY-STATE-ZIP
41. TITLE	42. NAME	41. STREET ADDRESS	42. CITY-STATE-ZIP
43. STREET ADDRESS	44. CITY-STATE-ZIP	43. CITY-STATE-ZIP	44. CITY-STATE-ZIP
45. TITLE	46. NAME	45. STREET ADDRESS	46. CITY-STATE-ZIP
47. STREET ADDRESS	48. CITY-STATE-ZIP	47. CITY-STATE-ZIP	48. CITY-STATE-ZIP
49. TITLE	50. NAME	49. STREET ADDRESS	50. CITY-STATE-ZIP
51. STREET ADDRESS	52. CITY-STATE-ZIP	51. CITY-STATE-ZIP	52. CITY-STATE-ZIP
53. TITLE	54. NAME	53. STREET ADDRESS	54. CITY-STATE-ZIP
55. STREET ADDRESS	56. CITY-STATE-ZIP	55. CITY-STATE-ZIP	56. CITY-STATE-ZIP
57. TITLE	58. NAME	57. STREET ADDRESS	58. CITY-STATE-ZIP
59. STREET ADDRESS	60. CITY-STATE-ZIP	59. CITY-STATE-ZIP	60. CITY-STATE-ZIP
61. TITLE	62. NAME	61. STREET ADDRESS	62. CITY-STATE-ZIP
63. STREET ADDRESS	64. CITY-STATE-ZIP	63. CITY-STATE-ZIP	64. CITY-STATE-ZIP
65. TITLE	66. NAME	65. STREET ADDRESS	66. CITY-STATE-ZIP
67. STREET ADDRESS	68. CITY-STATE-ZIP	67. CITY-STATE-ZIP	68. CITY-STATE-ZIP
69. TITLE	70. NAME	69. STREET ADDRESS	70. CITY-STATE-ZIP
71. STREET ADDRESS	72. CITY-STATE-ZIP	71. CITY-STATE-ZIP	72. CITY-STATE-ZIP
73. TITLE	74. NAME	73. STREET ADDRESS	74. CITY-STATE-ZIP
75. STREET ADDRESS	76. CITY-STATE-ZIP	75. CITY-STATE-ZIP	76. CITY-STATE-ZIP
77. TITLE	78. NAME	77. STREET ADDRESS	78. CITY-STATE-ZIP
79. STREET ADDRESS	80. CITY-STATE-ZIP	79. CITY-STATE-ZIP	80. CITY-STATE-ZIP
81. TITLE	82. NAME	81. STREET ADDRESS	82. CITY-STATE-ZIP
83. STREET ADDRESS	84. CITY-STATE-ZIP	83. CITY-STATE-ZIP	84. CITY-STATE-ZIP
85. TITLE	86. NAME	85. STREET ADDRESS	86. CITY-STATE-ZIP
87. STREET ADDRESS	88. CITY-STATE-ZIP	87. CITY-STATE-ZIP	88. CITY-STATE-ZIP
89. TITLE	90. NAME	89. STREET ADDRESS	90. CITY-STATE-ZIP
91. STREET ADDRESS	92. CITY-STATE-ZIP	91. CITY-STATE-ZIP	92. CITY-STATE-ZIP
93. TITLE	94. NAME	93. STREET ADDRESS	94. CITY-STATE-ZIP
95. STREET ADDRESS	96. CITY-STATE-ZIP	95. CITY-STATE-ZIP	96. CITY-STATE-ZIP
97. TITLE	98. NAME	97. STREET ADDRESS	98. CITY-STATE-ZIP
99. STREET ADDRESS	100. CITY-STATE-ZIP	99. CITY-STATE-ZIP	100. CITY-STATE-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 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 in an attachment with an address.

SIGNATURE:

SUSAN SIROTTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 (305) 864-1881
Date Time Phone

CR2E034 (12/95)