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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 624417

(2)

RICHARD A. TASHJIAN & ASSOCIATES. INC.

Principal Place of Business Mailing Address 4153 ROYAL OAK DRIVE 4153 ROYAL OAK DRIVE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-6384 3. Date Incorporated or Qualified 3a. Date of Last Report 06/25/1979 04/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1958021 21 26 Not Applicable Suite. Apt # etc Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees  $Z_{ip}$ Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAHJIAN, RICHARD A 4153 ROYAL OAK DR Street Address (P.O. Box Number is Not Acceptable) 82 PALM BEACH GARDENS FL 33410 83 84 City 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 types or providingles, of nightered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DP DELETE Change Addition 1.1 TITLE TITLE TASHJIAN, RICHARD A 1.2 NAME NAME 4153 ROYAL OAK DR 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 1.4 CITY - ST- ZIP CITY-ST-ZIF DELETE Addition THLE 2.1 TITLE Channe 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST-20 DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-2IP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 

6.4 CITY - ST - ZIP 14. I do 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 armust 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

54 CITY - ST - ZIP

6.3 STREET ADDRESS

61 TITLE 62 NAME

DELETE

CITY - S1 - ZIP

CITY - ST - ZIF

TITLE

NAME STREET ADDRESS

Change

Addition

FILED

Jan 14 1997 8:00am

Secretary of State

(96/6)