

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **675479** (0)
1. Corporation Name
TAVAN CORPORATION



Principal Place of Business Mailing Address
~~1733 3RD AVE. NORTH~~ ~~1733 3RD AVE. NORTH~~
~~APT. 80~~ ~~APT. 20~~
~~LAKE WORTH FL 33460~~ ~~LAKE WORTH FL 33460-3287~~

3. Date Incorporated or Qualified **06/28/1980** 3a. Date of Last Report **02/26/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2040855	<input type="checkbox"/> Not Applicable
22 5223 DEL PRADO BLVD	27 5223 DEL PRADO BLVD	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 CAPE CORAL, FL	28 CAPE CORAL, FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	29 Zip		
24 33904-9718	29 33904-9718		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ANOLA MARTI~~
~~116 NO F STREET~~
~~APT. 0~~
~~LAKE WORTH FL 33460~~

81 Name **HARRY HALME**
82 Street Address (P.O. Box Number is Not Acceptable)
5223 DEL PRADO BLVD
83 **CAPE CORAL**
84 City **CAPE CORAL** FL 85 Zip Code **33904**

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 *HARRY HALME* **HARRY HALME, DIRECTOR** **03-30-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	SIITONEN, HELVI	1.2 NAME	HELVI SIITONEN
STREET ADDRESS	1733 3RD AVE. NORTH, APT. 20	1.3 STREET ADDRESS	5223 DEL PRADO BLVD
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904-9718
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	D HARRY HALME
NAME		3.2 NAME	5223 DEL PRADO BLVD
STREET ADDRESS		3.3 STREET ADDRESS	CAPE CORAL, FL 33904-9718
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D OIVA O. HALME
NAME		4.2 NAME	5223 DEL PRADO BLVD
STREET ADDRESS		4.3 STREET ADDRESS	CAPE CORAL, FL 33904-9718
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *HARRY HALME* **HARRY HALME** **03-30-97** (941) 540-4063

CR2E034 (9/96)