FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **711888** **(8)**

1. Corporation Name
TAMARAC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O ED STEIN CPA 2131 H WOOD BLVD STE 505 HOLLYWOOD FL 33020	C/O ED STEIN CPA 2131 H WOOD BLVD STE 505 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1234012 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MACCANN, JUDITH A
2131 HOLLYWOOD BLVD STE 505
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: Patricia Parker
82 Street Address (P.O. Box Number is Not Acceptable): 2131 Hollywood Blvd, #505
83
84 City: Hollywood FL 85 Zip Code: 33020

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: Patricia Parker, PATRICIA PARKER
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 TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MORSE, WILLIAM A	12 NAME		
STREET ADDRESS	2131 HOLLYWOOD BLVD #505	13 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	MACCANN, JUDITH A	22 NAME		
STREET ADDRESS	2131 HOLLYWOOD BLVD #505	23 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D-SHERRY KALINOSKI	☒ Change ☐ Addition
NAME	SORRENTINO, JEANNIE	32 NAME		
STREET ADDRESS	2131 HOLLYWOOD BLVD 505	33 STREET ADDRESS	2131 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP	HOLLYWOOD, FL 33024	
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		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sherry Kalinoski - assistant Secretary 4-26-95 305-920-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037078