

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 PH 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 731162 (4)

1. Corporation Name

The TAMARIND, INC.

Principal Place of Business Mailing Address

6665 North Ocean Blvd. 6665 North Ocean Blvd.  
Ocean Ridge, FL 33435 Ocean Ridge, FL 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		30. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/22/74	03/22/94
22 Suits, Apt. #, etc		27 Suite, Apt. #, etc		4. FEI Number	Applied For / Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25 Country		30 Country		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Donna Smith  
4600 North Ocean Blvd. # 101  
Boynton Beach, FL 33435

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 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, typed or printed name of registered agent and title of application)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Byrne, Edmund	1.2 NAME	
STREET ADDRESS	6665 N. Ocean Blvd.	1.3 STREET ADDRESS	
CITY, ST, ZIP	Ocean Ridge, FL 33435	1.4 CITY, ST, ZIP	
TITLE	P/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fry, Lloyd	2.2 NAME	
STREET ADDRESS	6665 N. Ocean Blvd.	2.3 STREET ADDRESS	
CITY, ST, ZIP	Ocean Ridge, FL 33435	2.4 CITY, ST, ZIP	
TITLE	T/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bartholomew, Arthur P.	3.2 NAME	
STREET ADDRESS	6665 N. Ocean Blvd.	3.3 STREET ADDRESS	
CITY, ST, ZIP	Ocean Ridge, FL 33435	3.4 CITY, ST, ZIP	
TITLE	S/D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fogle, Lois	4.2 NAME	
STREET ADDRESS	6665 N. Ocean Blvd.	4.3 STREET ADDRESS	
CITY, ST, ZIP	Ocean Ridge, FL 33435	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, James	5.2 NAME	
STREET ADDRESS	6665 North Ocean Blvd.	5.3 STREET ADDRESS	
CITY, ST, ZIP	Ocean Ridge, FL 33435	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

400001517294  
-06/20/95--01047--012  
\*\*\*\*138.75 \*\*\*\*138.75

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)(b), 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:

*Arthur P. Bartholomew, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95 (407) 274-8990

Arthur P. Bartholomew, Jr.