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FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731162** (4)
1. Corporation Name
THE TAMARIND, INC.



Principal Place of Business 6665 N. OCEAN BLVD OCEAN RIDGE FL 33435	Mailing Address 6665 N. OCEAN BLVD OCEAN RIDGE FL 33435-3312 US
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3. Date Incorporated or Qualified 10/22/1974	3a. Date of Last Report 02/02/1996
4. FEI Number 59-1558803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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9. Name and Address of Current Registered Agent
**SMITH, DONNA
4800 N. OCEAN BLVD. #101
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent
81 Name **ERIK J. SMITH**
82 Street Address (P.O. Box Number Is Not Acceptable)
1111 North Ocean Blvd.
83
84 City **Gulf Stream, FL** 85 Zip Code **33483**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Erik J. Smith Manager 4/23/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BYRNE, EDMUND	
STREET ADDRESS	6665 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRY, LLOYD	
STREET ADDRESS	6665 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARTHOLOMEW, A P	
STREET ADDRESS	6665 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FOGLE, LOIS	
STREET ADDRESS	6665 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, JAMES	
STREET ADDRESS	6665 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 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: Erik J. Smith Manager 4/8/97 (561) 734-3219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042237

CR2E037 (9/96)