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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

(8)

	TAL CRAFTER IV, INC.			I deriver harr king delen kann i	Birih biri birih birih birih birih birih dirih birih birih ber	il.
Principal Pla	ice of Business	Mailing Address				1
	49 STREET FL 33012	1695 W 49 STREET HIALEAH FL 33012				•
				3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal	Place of Business	2a. Mailing Address		06/05/1981	03/10/1995	
21		26 PO BOX 652	052	4. FEI Number	Applied For	_
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		59-2109476	Not Applicable	,
22		27		5. Certificate of Status Desired	\$8.75 Additional	
City & Sta	ite	City & State	1	6. Election Campaign Financing	Fee Required	_
Zip	Country	28 MIAMI FZ	- <u>H</u>	Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	25 Country	29 33265	Country	8. This corporation has liability for	intangible tax under s 199.032	
	9. Name and Address of Currer	29 22465	[30]	Florida Statutes X Yes	s ∏No	
		Togistered Agent	81 Name	10. Name and Address of New I	Registered Agent	_
COHE	EN, BERNARD					
	SW 128TH COURT		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	-
	l FL 33186		83			
						1
			84 City		85 Zip Code	┨
11. Pursuant or registe	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid	and 607.1508, Florida Statutes	s, the above named corpo	oration submits this statement for the pur	Mana of about	4
familiar w	ith, and accept the obligations of, Section	on 607.0505, Florida Statutes.	d by the corporation's boa	oration submits this statement for the pur and of directors. Thereby accept the appr	ointment as registered agent. I am	1
SIGNATURE						
12.	Signature, typed or printed name of registered agent a OFFICERS AND	POTE CTODS	Fingistered Agent signature require	ed wher reinstating)	DATE	Ì
TITLE	VSD	DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	┨
NAME	COHEN, BERNARD		1 1 TITLE		Change Addition	1
STREET ADDRESS	11274 SW 128TH COURT		1.2 NAME			T.
CITY - ST-ZIP	MIAMI FL		1 3 STREET ADDRESS			li
TITLE	PD	DELETE	1.4 CHTY-ST-ZIP 2 1 TH LE			fi
NAME	COHEN, LYNNE		2 2 NAME		☐ Change ☐ Addition]
STREET ADDRESS	11274 SW 128TH COURT		2 3 STREET ADDRESS			
CiTY · ST - ZIP	MIAMI FL		24 CITY-ST-ZIP			
THE		☐ DELETE	3 1 T.TLE			1
NAME			3.2 NAME		☐ Change ☐ Addition	l
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3 4 City - ST - ZIP		,	
NAME		DELETE	4 1 TITLE		Change Addition	ĺ
			4.2 NAME		Change Addition	
STREET ADDRESS CITY - ST- ZIP			4.3 STREET ADDRESS			
T-TLE		D. BELEV	4.4 CITY - ST - ZIP	·		ĺ
NAME		☐ DELETE	5 1 TITLE		Change Addition	
STREET ADDRESS			5.2 NAME		_ ,	
City-St-Zip			5.3 STREET ADDRESS			
IITLE		DELETE	5.4 C!TY-ST-ZIP		j	
NAME		LT DELCTE	6 1 TITLE		Change Addition	
STREET ADDRESS			6.5 NAME			
DITY-ST-ZIP			6.3 STREET ADDRESS			
			6 / CITY OF 710		1	

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: Berraul Col

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30\$385-5748