Applied For

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90197 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001510

1. Corporation Name

Bringing Blace of Business

TASCO SALES, INC.

Mailing Address

| 1 inicipal i lace of basiness | manning received | |
|--|--|--|
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/25/1996 |
| 2. Principal Place of Business 21 2889 Commence PALKER | 2a. Mailing Address 126 2884 Connuce PARKWAY | 4. FEI Number 76-0496092 |
| בון שייין ייין ייין ייין ייין ייין ייין י | 10 0:01 == : (4/04 1/1/4 1/1/4 | 10010005 |

| 1 2889 COMMERCE PAKENTY | 26 2889 CONMUCE | (AKKWAY | 76-0496092 | Not Applicable |
|----------------------------------|------------------------|----------|--|--------------------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | LORINA 5 | Certificate of Status Desired | \$8.75 AdditionalFee Required |
| City & State | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country 24 33625 25 USA | Zip Cou 29 33ロンS 30 | usA | This corporation owes the current year Personal Property Tax. | Yes No |
| 9. Name and Address of Current R | egistered Agent | 10 | Name and Address of New Register | ed Agent |
| | | 81 Name | | |

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

| 10. Name and Address of New Registered Agent | | | | | |
|--|------------------------------------|----------------|---|----|----------|
| 81 | Name | | | | |
| 82 | Street Address (P.O. Box Number is | Not Acceptable |) | | <u></u> |
| 83 | | | | | |
| 84 | City | | | 85 | 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
|--|---------------------------|---|---|------------|--|--|--|--|
| | | | gistered Agent signature required when reansating) | | | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| TITLE | DC DELETE | 1.1 TITLE (D) | Change | Addition | | | | |
| NAME | RICE, DON K | 1.2 NAME KURT KEE 1.3 STREET ADDRESS S847 SAM | ME. | ì | | | | |
| STREET ADDRESS | 5847 SAN FELIPE #4350 | | | | | | | |
| CITY-ST-ZIP | HOUSTON TX | 1.4 CITY-ST-ZIP Hay STON | TX | | | | | |
| TITLE | D DELETE | 2.1 TITLE P | Change | Addition | | | | |
| NAME: | SANGALIS, JEFFREY P | 22 NAME LAWRENCE | | | | | | |
| STREET ADDRESS | 5847 SAN FELIPE #4350 | 23 STREET ADDRESS 2889 Com | TERCE PARKWAY | | | | | |
| CITY-ST-ZIP | HOUSTON TX | 2.4 CITY-ST-ZIP MILAMAR | FLOKINA 33025 | · · · | | | | |
| TITLE | P | 3.1 TITLE | ☐ Change | ☐ Addition | | | | |
| NAME | BLAND, WILLIAM G | 3.2 NAME | | | | | | |
| STREET ADDRESS | 7600 N.W. 26TH STREET | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL | 3.4. CITY-ST-ZIP | | | | | | |
| TITLE | VS DELETE | 4.1 TITLE VS | Change | Addition | | | | |
| NAME | FRANKLIN, JAMES E | 4.2 NAME JAMES E | +MUKLIN . | | | | | |
| STREET ADDRESS | 7600 N.W. 26TH STREET | 4.2 NAME JANES E 4.3 STREET ADDRESS 2889 COMA 4.4 CITY-ST-ZIP MIRAMAR | PERCE PALKWAY | | | | | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP MIRAMAR | FLOKINA 3307 | | | | | |
| TITLE | . DELETE | 5.1 TITLE | . Change | ☐ Addition | | | | |
| NAME | • | 5.2 NAME | , | | | | | |
| STREET ADDRESS | • | 5.3 STREET ADDRESS | , | | | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | | | | |
| TITLE | • DELETE | 6.1 TITLE | Change | ☐ Addition | | | | |
| NAME | | 6.2 NAME | | | | | | |
| STREET ADDRESS | 1 + 1 + 1 + 1 + 1 + 1 + 1 | 6.3 STREET ADDRESS | | | | | | |
| O(D) OT 71D | · · · | 6.4 CITY-ST-ZIP | | | | | | |

14. I 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, with all other like empowered.

SIGNATURE: