

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G06570 (7)

1. Corporation Name
TAM ENTERPRISES, INC.



Principal Place of Business 200 S.W. STATE ROAD 200 SUITE #10 OCALA FL 32676	Mailing Address 200 S.W. STATE ROAD 200 SUITE #10 OCALA FL 32676
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1982	
21 8720 S.W. S.R. 200 Suite 1	22 Suite 1	26 8720 S.W. S.R. 200 Suite 1	27 Suite 1	4. FEI Number 59-2226392	Applied For Not Applicable
23 Ocala FL	24 34481	28 Ocala FL	29 34481	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25 Marion	30 Marion			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 34481		25 Marion		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KEILLOR, BERNARD J. 10347 SW 73 AVE OCALA FL 34476				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEILLOR, BERNARD J.		1.2 NAME				
STREET ADDRESS	10347 SW 73 AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V. President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SCOTT, CORDELINE L.		2.2 NAME	Carol Noland			
STREET ADDRESS	6820 S.W. 85TH PLACE		2.3 STREET ADDRESS	11610 S.W. 77th Circle			
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Ocala Fl. 34481			
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKAFAS, HELEN		3.2 NAME				
STREET ADDRESS	4377 SW 139TH STREET ROAD		3.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GILBERT, LANCE		4.2 NAME	Penny Hill			
STREET ADDRESS	13611 S.E. 45 CT.		4.3 STREET ADDRESS	10623 S.W. 155th St.			
CITY-ST-ZIP	SUMMERFIELD FL		4.4 CITY-ST-ZIP	Dunnellon Fl. 34432			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

John M. ... 11-10-98

CP2E034 (10/97)