

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G22459 (3)**

1. Corporation Name  
**THOMAS L. TATHAM AND BERNICE TATHAM, INC.**



Principal Place of Business: **2600 SW 27TH AVE MIAMI FL 33133**  
Mailing Address: **2600 SW 27TH AVE MIAMI FL 33133**

3. Date Incorporated or Qualified <b>01/21/1983</b>	3a. Date of Last Report <b>03/15/1995</b>
4. FEI Number <b>26-7074227</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	Suite, Apt. #, etc.
23. City & State	City & State
24. Zip	Zip
25. Country	29. Country
26. Country	30. Country

9. Name and Address of Current Registered Agent  
**TAYLOR, ROBERT M  
2600 SW 27TH AVE  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81. Name <b>MARLENE T. TAYLOR</b>
82. Street Address (P.O. Box Number is Not Acceptable)
83. <b>2600 S.W. 27 Ave.</b>
84. City <b>Miami</b>
85. State <b>FL</b>
Zip Code <b>33133</b>

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: *Marlene T. Taylor* DATE: **1/17/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TATHAM, THOMAS L	
STREET ADDRESS	2600 SW 27 AVE	
CITY- ST- ZIP	MIAMI, FL 33133	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TATHAM, BERNICE	
STREET ADDRESS	2600 SW 27 AVE	
CITY- ST- ZIP	MIAMI, FL 33133	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TAYLOR, MARLENE T	
STREET ADDRESS	2600 SW 27 AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 is voluntarily furnished 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 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: *Thomas L. Tatham* DATE: **1-17-96** DAYTIME PHONE: **305/446-1967**

CR2E034 (12/95)