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 # G79882 (8)

1. Corporation Name
TABIRAN CORPORATION

Principal Place of Business
1230 RIDGEWOOD RD.
P.O.BOX 1190
BRYN MAWR PA 19010

Mailing Address
1230 RIDGEWOOD RD.
P.O.BOX 1190
BRYN MAWR PA 19010

3. Date Incorporated or Qualified: 01/23/1984
3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-2383419 — Applied For / Not Applicable
5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☑ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 P.O. Box 3258
Suite, Apt. #, etc.
22
City & State
23 NAPLES FL.
Zip
24 33939-3258
Country
25 COLLIERS

2a. Mailing Address
26 P. O. Box 3258
Suite, Apt. #, etc.
27
City & State
28 NAPLES FL
Zip
29 33939-3258
Country
30 COLLIERS

9. Name and Address of Current Registered Agent
PEZESHKAN, FRED
3649 PROGRESS AVE.
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
DPT	RABII, FEREYDOON	1230 RIDGEWOOD ROAD	BRYN MAWR PA	☐
S	RABII, A. A.	1230 RIDGEWOOD ROAD	BRYN MAWR PA	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

No.	Change / Addition	Entry
1	☑ Change ☐ Addition	84 BRENNAN DR BRYN MAWR PA 19010
2	☑ Change ☐ Addition	84 BRENNAN BRYN MAWR PA 19010
3	☐ Change ☐ Addition	
4	☐ Change ☐ Addition	
5	☐ Change ☐ Addition	
6	☐ Change ☐ Addition	

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: FEREYDOON RABII [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-26-96
Daytime Phone #: 941 263 2818

CR2E034 (12/95)