

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 # **G82368** (3)

1. Corporation Name

**TAMANACO ASSOCIATES, INC.**



Principal Place of Business

**415 S FED HWY  
POB 247  
DANIA FL 33004**

Mailing Address

**415 S FED HWY  
POB 247  
DANIA FL 33004**

2. Principal Place of Business  
21 **1048 Kane Concourse**  
Suite, Apt. #, etc.  
22 **Suite 2B**  
City & State  
23 **Bay Harbor, FL**  
Zip  
24 **33154** Country  
25 **USA**  
2a. Mailing Address  
26 **1048 Kane Concourse**  
Suite, Apt. #, etc.  
27 **Suite 2B**  
City & State  
28 **Bay Harbor, FL**  
Zip  
29 **33154** Country  
30 **USA**

3. Date Incorporated or Qualified **12/07/1983** 3a. Date of Last Report **04/25/1995**  
4. FEI Number **59-2345841** 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

9. Name and Address of Current Registered Agent

**ADMIN CORP  
415 S FED HWY  
DANIA FL 33004**

10. Name and Address of New Registered Agent

81 Name **Seth Gadinsky**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1048 Kane Concourse - Suite 2B**  
83  
84 City **Bay Harbor** FL 85 Zip Code **33154**

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

*Seth Gadinsky*

**3/28/96**

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1.1 TITLE	<b>P</b>
NAME	<b>GOODMAN, MURRAY</b>	1.2 NAME	<b>Seth Gadinsky</b>
STREET ADDRESS	<b>413 S FED HWY</b>	1.3 STREET ADDRESS	<b>1048 Kane Concourse - Suite 2B</b>
CITY- ST- ZIP	<b>DANIA, FL 00000</b>	1.4 CITY- ST- ZIP	<b>Bay Harbor, FL 33154</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
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 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:

*Seth Gadinsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/96**

DATE

Daytime Phone #

CR2E034 (12/95)