

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G87158** (3)

1. Corporation Name
TASSE ENTERPRISES, INC.

Principal Place of Business C/O LOUIS TASSE 8320 S.W. 87TH TERRACE MIAMI FL 33143	Mailing Address C/O LOUIS TASSE 8320 S.W. 87TH TERRACE MIAMI FL 33143-6946
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1983	3a. Date of Last Report 04/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2390306	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TASSE, LOUIS 8320 S.W. 87TH TERRACE MIAMI FL 33143				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TASSE, LOUIS			1.2 NAME			
STREET ADDRESS	8320 S W 87TH TERR			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 00000			1.4 CITY - ST - ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TASSE, CAROL			2.2 NAME			
STREET ADDRESS	8320 S W 87TH TERR			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 00000			2.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TASSE, GREGORY			3.2 NAME			
STREET ADDRESS	1961 NW 184 TERR			3.3 STREET ADDRESS			
CITY - ST - ZIP	PEMBROKE PINES FL			3.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TASSE, JOHN			4.2 NAME			
STREET ADDRESS	10180 SW 49 MANOR			4.3 STREET ADDRESS			
CITY - ST - ZIP	COOPER CITY FL			4.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORTIMER, PAMELA			5.2 NAME			
STREET ADDRESS	8320 SW 87 TERR			5.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			5.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TASSE, TIMOTHY			6.2 NAME			
STREET ADDRESS	14075 LANGLEY PL			6.3 STREET ADDRESS			
CITY - ST - ZIP	DAVE FL			6.4 CITY - ST - ZIP			

14. I do 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.

SIGNATURE: Carol G. Tasse REQUIRED 4/22/97 305-274-5653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)