

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90012 002 ***150.00

DOCUMENT # G87158

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1983

4. FEI Number

59-2390306

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current 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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
**CD
TASSE, LOUIS
8320 S W 87TH TERR
MIAMI, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
**STD
TASSE, CAROL
8320 S W 87TH TERR
MIAMI, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
TASSE, GREGORY
1961 NW 184 TERR
PEMBROKE PINES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
MORTIMER, PAMELA
9361 N.W. 39TH COURT
SUNRISE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
TASSE, TIMOTHY
14075 LANGLEY PL
DAVIE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**VD
TASSE, JOHN J.
10180 SW 49 MANOR
COOPER CITY, FL**

14. I 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, with a letter like empowered.

SIGNATURE: **Carol E. Tasse**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

305-274-5653

Daytime Phone #

CR2E034 (11/98)