

FILE NOW: FILING FEE AFTER MAY 1 IS \$55000

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Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G94877** (9)

1. Corporation Name  
**TAMIAMI HOLDINGS, INC.**



Principal Place of Business  
**11501 S CLEVELAND AVE  
FT MYERS FL 33907**

Mailing Address  
**11501 S CLEVELAND AVE  
FT MYERS FL 33907-2639**

3. Date Incorporated or Qualified <b>04/05/1984</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>59-2394182</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**VAILLANCOURT, GERARD  
11501 S.CLEVELAND AVE.  
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City
FL 35 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAILLANCOURT, AURORE	1.2 NAME	
STREET ADDRESS	256 CHERRY ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	TIMMINS ONT CANADA	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAILLANCOURT, ROGER	2.2 NAME	
STREET ADDRESS	25 KOLB ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	KAPUSKASING ONT CANADA	2.4 CITY - ST - ZIP	
TITLE	PSO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAILLANCOURT, GERARD	3.2 NAME	
STREET ADDRESS	11501 S.CLEVELAND AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT.MYERS FL	3.4 CITY - ST - ZIP	
TITLE		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		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		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 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: *Gerard Vaillancourt* **GERARD VAILLANCOURT** 3/18/97 941-931-3983  
Date Daytime Phone #

CR2E034 (9/96)