SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # H29509 (7) TATSCH ENTERPRISES, INC. Principal Place of Business Mailing Address 2103 LUSITANIA DR 2103 LUSITANIA DT SARASOTA FL 34231 SARASOTA FL 34231 3. Date Incorporated or Qualified 3a. Date of Last Report 11/08/1984 08/11/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2861765 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Z_{10} Country This corporation has tiability for intangible tayunder s. 199.032 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TATSCH, JAMES B. 2103 LUSITANIA DR Street Address (P.O. Box Number is Not Acceptable) 82 SARASOTA FL 34231 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Suprational type this probe to are adding a stered agent and their approxima-(NOTE: Registered Agent's grature required when reinstating) 12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE **PSD** 1.1 TITLE Change Addition NAME TATSCH, JAMES B. 1.2 NAME CR2E034 STREET ADDRESS 2103 LUSITANIA DR 1.3 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TIPLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 2 4 CHY - ST - 7IP TITLE DETELE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIP 5.4 CITY - S1 - ZIP DELETE TITLE 61 THILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

6.4 CiTY-ST-ZIP

SIGNATURE:

that my name appears in Block 12 or Blo

CITY-ST-ZIP

k 13 if changed, or

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 1 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 617, Florida Statutes, and ith an address