

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 # H34238 (5)

1. Corporation Name

Tab Investments, Inc.

Principal Place of Business: 101 N. Plumosa Street, Merritt Island, FL 32954-0548
Mailing Address: 980 N. Federal Highway, Boca Raton, FL 33432-2704

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/14/1984	2-21-96
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2505704	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

Kamratt, Russell T.
777 S. Flagler Drive
Suite 900, Phillips Point Tower East
West Palm Beach, FL 33401

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Russell T. Kamratt

(Signature of person who is principal officer or director of corporation and has authority to bind corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren S. Orlando	1.2 NAME	
STREET ADDRESS	980 N. Federal Hwy	1.3 STREET ADDRESS	
CITY-STATE-ZIP	Boca Raton, FL 33432-2704	1.4 CITY-STATE-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Marino	2.2 NAME	
STREET ADDRESS	980 N. Federal Hwy	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Boca Raton, FL 33432-2704	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	June Owens	3.2 NAME	
STREET ADDRESS	101 N. Plumosa Street	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Merritt Island, FL 32953	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dana Kilborne	4.2 NAME	
STREET ADDRESS	980 N. Federal Hwy	4.3 STREET ADDRESS	
CITY-STATE-ZIP	Boca Raton, FL 33432-2704	4.4 CITY-STATE-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ward Kellogg	5.2 NAME	
STREET ADDRESS	980 N. Federal Hwy	5.3 STREET ADDRESS	
CITY-STATE-ZIP	Boca Raton, FL 33432-2704	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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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 contained 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 on Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

John Marino

4-22-97

(561)392-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)