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

PROFIT CORPORATION ANNUAL REPORT

1998



LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 02 1998 8:00am Secretary of State

DOCUMENT # H70195 (3)							oretary o		
TEHAN ASSOCIATES, INC.									
Principal Place	e of Business	Mailing Address					EÈTRE 19070 INIBI QUIT RINKI NINI	 	EL OEBIJ INDL
3579 PLANDFIN DR PO BOX 25097 SARASOTA FL 34231 SARASOTA FL 34277 US							O NOT WRITE IN THIS	SPACE	
						3. Date Incorporate	d or Qualified		
						08/07/1985			
Principal Place of Business 2a. Mailing Address			SS			4. FEI Number		Ar	oplied For
21		26				59-2672288	<u> </u>		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Stat	us Desired	•	Additional
22		27					<u> </u>		equired
City & State	•	⊢	City & State			6. Election Campaign Financing \$5.00 May Be			
23	On the second		28			Trust Fund Contribution			
Zip	Country	<u> </u>	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 29 30			<u> </u>			r, tax due June 30. Less of New Registered		0//
Name and Address of Current Registered Agent					Name	10. Name and Addit	sa or New negistered	My Gill	
TEHAN, HARRY G				81	140,110		!		
3579 PLANTATION DR.				82	Street Add	ress (P.O. Box Number is	s,Not Acceptable)		: -
SAF			83						
				83					- 1
				84	City		-	85 Zip (Code
	The state of the s						FL		
office or re agent. I ar	to the provisions of Sections 607.050, egistered agent, or both, in the State in familiar with, and accept the obligations.	2 and 607.1508, Florid of Florida. Such chang ations of, Section 607.0	a Statutes, je was auti 505, Floric	the above horized by fa Statutes	the corporal	ion's board of directors.	ement for the purpose of the app	changing it idintment as	registered
SIGNATURE ,				- .					
	Signature, typed or printed name of registered age		(NOTE: R	13.	nt signature requi	red when reinstating)	GES TO OFFICERS AND	NIDECTOR	20 th 10
12.					ADDITIONA/CITAN	GES TO OFFICERS AND	Change	☐ Addition	
	- ■ ·		1.1 TITLE				orienge		
NAME	The Date of the way to		1.2 NAME						
STREET ADDRESS	3579 PLANTATION DR.			1.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34231		FTF	1.4 CITY-ST-ZIP			1	Change	
TIRLE	\$	DEL	FIE	2.1 TITLE				Change	Addition
NAME	BANNERMAN, COLLEEN			2.2 NAME			!		
STREET ADDRESS	3579 PLANTATION DR.				ADORESS		İ		ł
CITY-ST-ZIP	SARASOTA FL 34231			2. 4 CITY-ST-ZIP			**	1 00	1 1 1 1 1 1 1 1 1
TITLE		L DEL	tit	3.1 TITLE			!	Change	Addition
NAME				3.2 NAME					i
STREET ADDRESS				3.3 STREET	ADDRESS		•		
CITY-ST-ZIP				3.4. CITY-S	T-ZIP		'		
TITLE		☐ DEL	ETE	4.1 TITLE			i	L Change	Addition
NAME				4. 2 NAME			1		ľ
STREET ADDRESS				4.3 STREET	ADDRESS		1		
CITY-ST-ZIP				4.4 CITY-ST	T-ZIP				
TITLE		☐ DEL	ETE	5.1 TITLE			-	Change	Addition
NAME				5.2 NAME					·
STREET ADDRESS				5.3 STREET	ADDRESS		1		
CITY-ST-ZIP				5.4 CITY-ST	r-zip				
TITLE		☐ DEL	ETE .	6.1 TITLE				☐ Change	Addition
NAME				6.2 NAME					ł
STREET ADDRESS				6.3 STREET	ADDRESS		İ		
CITY-ST-ZIP				6.4 CITY-SI	ŀ				
14. I hereby c	ertify that the information supplied wi	th this filing does not o	ualify for ti	he exempt	lon stated in	Section 119.07(3)(i), Flor	ida Statutes. I further ce	rtify that the	information
indicated	on this annual report of supplements	il annual report is true s	and accours	te and the	it mu elanatu	re shall have the same le	east effect as if made un	der oath: tha	atiam an I

4. 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.

SIGNATURE: _____

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