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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUME L. Corporation No TALICO, I		Sandra B Secretar DIVISION OF C		y of State CORPORATIONS	Secretary of State		
		57	(0)		•		
Principal Place of Business Mailing Address 2320 S. 3RD STREET. SUITE #5 2320 S. 3RD STREET. SU JACKSONVILLE FL 32250 JACKSONVILLE FL 32250				f seesen enn soon akut déter biter teor gulli dibit dibit dibit bildi bildi bildi bildi bildi bildi bildi bildi			
					3. Date Incorporated or Qualified 09/09/1985	3a. Date of La 06/04/19	,
. Principal Flace T	of Business	2a. Mailing A	Address		4. FEI Number 59-2582975		Applied For
] Suite, Apt. #, e	tc		ot. #, etc.		Certificate of Status Desired	1 1	Not Applicable 75 Additional
City & State		27 City & St	ale		6. Election Campaign Financing		e Required OO May Be
]		28			Trust Fund Contribution		ded to Fees
Ζφ]	Country 25	Ζφ 29		Country 30	8. This corporation has liability for in	intangible tax und Yes	ler s. 199.032,
9	. Name and Address of Currer	nt Registered Age	ent	81 Name	10. Name and Address of New Re	gistered Agent	
	aferri, Louis e. Blue Heron dr.						
	E VEDRA BEACH FL 32802			62 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
	- 100111 901011 10 00000			83			
				84 City	7756	FL 85	Zıp Code
office or regis	le provisions of sections 607 030 lered agent, or both, in the State confiar with land accopt the oblig	of Florida Such e pations of Section	change was a 607.0505, Flo	uthorized by the corpora orida Statutes	rporation submits this statement for the pation's board of directors. I hereby accep	ot the appointmen	it as registered
IGNATURE	alaccityse Lorpinded name of regis≥ried agi	ont and title if applicable		E Registered Agent signature requ	uired whon reinstating)	DATE	
IGNATURE Sign	OFFICERS AN	ID DIRECTORS	(NOTE	E Registered Agent signature requ		DATE CERS AND DIREC	TORS IN 12
IGNATURE Super 2. THE WAS TREET ADDRESS	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR.	ID DIRECTORS		E Registered Agent signature req	uired whon reinstating)	DATE	TORS IN 12
IGNATURE Sego 2. TE	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL	D DIRECTORS	(NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired whon reinstating)	DATE CERS AND DIREC Char	TORS IN 12 nge
IGNATURE 2. TE WH: TREET ANIGHESE TV - 51 - 719 THE AMB	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B.	D DIRECTORS	(NOTE	E Registered Agent signature req. 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CRY-ST-ZIP 2.1 TILLE 2.2 NAME	uired whon reinstating)	DATE CERS AND DIREC	TORS IN 12 nge
IGNATURE 2 THE WH: FREET ADDRESS TY - 51- 219 THE MME TREET ADDRESS	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR.	D DIRECTORS	(NOTE	E Registered Agent signature required to the	uired whon reinstating)	DATE CERS AND DIREC Char	TORS IN 12 nge Addition
IGNATURE 2. THE WH: TREET ADDRESS THY STUPE THY STUPE THY STUPE THY STUPE THY STUPE	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B.	ID DIRECTORS	(NOTE	E Registered Agent signature req. 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CRY-ST-ZIP 2.1 TILLE 2.2 NAME	uired whon reinstating)	DATE CERS AND DIREC Char	TORS IN 12 nge
IGNATURE 2. TE MM: TRETADDRESS INV-S1-7/P ILL AME INEELADDRESS INV-S1-7/P ILL AME INEELADDRESS INV-S1-7/P ILL AME	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, SUSAN	ID DIRECTORS	DELETE DELETE	E Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	uired whon reinstating)	DATE CERS AND DIREC Char	TORS IN 12 nge
IGNATURE 2. THE MM: TREET ADDRESS THY STORE THE STORESS THY STORE THE AME THE TADDRESS THY STORE THE AME THE TADDRESS	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, SUSAN 2041 SEA HAWK CIR	ID DIRECTORS	DELETE DELETE	E Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	uired whon reinstating)	DATE CERS AND DIREC Char	TORS IN 12 nge
IGNATURE Ze. THE MM: TREET ADDRESS THY STEAD PROFESS	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, SUSAN	D DIRECTORS	(NOTE DELETE DELETE	I Registered Agent signature required to the	uired whon reinstating)	DATE CERS AND DIREC Char Char	TORS IN 12 nge
IGNATURE Super THE MARITHMEN THE TANDBESS TY - ST - ZP THE THE TANDBESS TY - ST - ZP THE THE TANDBESS T	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, SUSAN 2041 SEA HAWK CIR	D DIRECTORS	DELETE DELETE	I 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE	uired whon reinstating)	DATE CERS AND DIREC Char	TORS IN 12 nge Addition nge Addition
IGNATURE Super THE MM: TREAT ADDRESS TO SUPER ADDRESS TO SUPE	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, SUSAN 2041 SEA HAWK CIR	D DIRECTORS	(NOTE DELETE DELETE	I Registered Agent signature required to the	uired whon reinstating)	DATE CERS AND DIREC Char Char	TORS IN 12 nge Addition nge Addition
IGNATURE Sages 2. THE MM: TREET ADDRESS TY-51-7P THE AMB TREET ADDRESS TY-SI-7P THE TREET ADDRESS TY-SI-7P THE TREET ADDRESS TY-SI-7P THE TREET ADDRESS TY-SI-7P THE TREET ADDRESS	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, SUSAN 2041 SEA HAWK CIR	D DIRECTORS	(NOTE DELETE DELETE	E Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	uired whon reinstating)	DATE CERS AND DIREC Char Char	TORS IN 12 nge Addition nge Addition
IGNATURE Super Z. THE MARITHMENT ADDRESS TY-51-7P ILI AMB IREET ADDRESS TY-ST-7P ILI MREH ADDRESS	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, SUSAN 2041 SEA HAWK CIR	D DIRECTORS	(NOTE DELETE DELETE	I 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS	uired whon reinstating)	DATE CERS AND DIREC Char Char	TORS IN 12 nge
IGNATURE Sages 2. THE MM: TREET ADDRESS INV-S1-ZP THE AME IRRET ADDRESS INV-S1-ZP THE AME IRRET ADDRESS INV-S1-ZP THE IRRET ADDRESS INV-S1-ZP THE AME IRRET ADDRESS INV-S1-ZP THE AME AME AME AME	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, SUSAN 2041 SEA HAWK CIR	D DIRECTORS	(NOTE DELETE DELETE DELETE	I 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILLE 5.2 NAME	uired whon reinstating)	DATE DERS AND DIREC Char Char Char	TORS IN 12 nge Addition nge Addition nge Addition
IGNATURE 2. THE MM: TREET ADDRESS INY-ST-ZIP THE AME TREET ADDRESS	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, SUSAN 2041 SEA HAWK CIR	D DIRECTORS	(NOTE DELETE DELETE DELETE	I 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	uired whon reinstating)	DATE DERS AND DIREC Char Char Char	TORS IN 12 nge
IGNATURE Super 2. THE MASSING SET ADDRESS THY-SI-ZP THE AME THEET ADDRESS THY-SI-ZP THE AME THEET ADDRESS THY-SI-ZP THE THEET ADDRESS THY-SI-ZP THEET ADDRESS THY-SI-ZP THEET ADDRESS THY-SI-ZP THEET ADDRESS THY-SI-ZP	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, SUSAN 2041 SEA HAWK CIR	D DIRECTORS	DELETE DELETE DELETE	I 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired whon reinstating)	DATE DERS AND DIREC Char Char Char	TORS IN 12 nge
IGNATURE 2. THE MM: TREETADDRESS REY-ST-ZIP TLE AME IRRETADDRESS	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, SUSAN 2041 SEA HAWK CIR	D DIRECTORS	(NOTE DELETE DELETE DELETE	I Registered Agent signature req 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	uired whon reinstating)	DATE DERS AND DIREC Char Char Char	TORS IN 12 Inge Addition Inge Addition Inge Addition Inge Addition Inge Addition
SIGNATURE Supr. 2. THE SAM: TREET ADDRESS HY-S1-ZIP HUT AAM: TREET ADDRESS HY-S1-ZIP GLE AM: TREET ADDRESS	OFFICERS AN DP TAGLIAFERRI, LOUIS E. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, JUDITH B. 4304 BLUE HERON DR. PONTE VEDRA BEACH FL D TAGLIAFERRI, SUSAN 2041 SEA HAWK CIR	D DIRECTORS	DELETE DELETE DELETE	I 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired whon reinstating)	DATE DERS AND DIREC Char Char Char	TORS IN 12 Inge Addition Inge Addition Inge Addition Inge Addition Inge Addition

SIGNATURE:

FILED

Apr 04 1997 8:00am