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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90149 010 ***150.00

DOCUMENT	#	.117590
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1. Corporation Name

TAHOE	TRADING	CORP	DRATION



Principal Place of Business	Mailing Address				
10731 S.W. 30TH PLACE DAVIE FL 33328	10731 S.W. 30TH PLACE DAVIE FL 33328		DO NOT WRITE IN THIS	SPACE	
			3. Date Incorporated or Qualifed 06/02/1986		
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For	
21	26		65-0094469	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zip Co	ountry	This corporation owes the current year Interpretation Personal Property Tax.	angible □ Yes ▲No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WIETOR, MICHAEL 10731 S.W. 30TH PLACE DAVIE FL 33328		81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
		83			
		84 City	FL	85 Zip Code	
 Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St agent. I am familiar with, and accept the ob 	ate of Florida. Such change was authorize	ed by the comporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its registered ntment as registered	
SIGNATURE	Least and title if applicable (NOTE: Poplates	ad Anant eignature required	d when reinstating) DATE		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ DELETE 1.1 TITLE TITLE WIETOR, MICHAEL 1.2 NAME NAME 10731 S.W. 30TH PLACE 1.3 STREET ADDRESS STREET ADDRESS DAVIE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 2.1 TITLE TITLE SD WIETOR, MARTHA C. 2.2 NAME NAME 10731 S.W. 30TH PLACE 2.3 STREET ADDRESS STREET ADDRESS DAVIE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 trusted 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)