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Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J79717

(1)

1. Corporation Name

THE TAGLIARINI CORPORATION, INC.



Principal Place of Business

~~XXXXXX~~
~~102 WEST WASHINGTON ST.~~
~~BOX~~
~~TAMPA FL 33602~~
~~US~~

Mailing Address

~~XXXXXX~~
~~806 E JACKSON STREET~~
~~BOX~~
~~TAMPA FL 33602~~
~~US~~

3. Date Incorporated or Qualified
06/23/1987

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

21 806 E. Jackson Street

Suite, Apt. #, etc.

22 First Floor

City & State

23 Tampa, FL

Zip Country
24 33602-4143 25 USA

2a. Mailing Address

26 806 E. Jackson Street

Suite, Apt. #, etc.

27 First Floor

City & State

28 Tampa, FL

Zip Country
29 33602-4143 30 USA

4. FEI Number
59-2832343

Applied For
Not Applicable

5. Certificate of Status Desired ☒ KX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAGLIARINI, DEBORAH KERR
~~102 W WASHINGTON STREET, SUITE 802~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
806 E. Jackson Street
83 First Floor
84 City
Tampa FL 85 Zip Code
33602-4143

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	TAGLIARINI, DEBORAH KERR	
STREET ADDRESS	102 W WASHINGTON STREET, SUITE 802	
CITY - ST - ZIP	TAMPA FL XXX	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	TAGLIARINI, PETER A.	
STREET ADDRESS	102 W WASHINGTON STREET, SUITE 802	
CITY - ST - ZIP	TAMPA FL XXX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	806 E. Jackson Street, First Floor
1.4 CITY - ST - ZIP	Tampa, FL 33602-4143
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	806 E. Jackson Street, First Floor
2.4 CITY - ST - ZIP	Tampa, FL 33602-4143
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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:

Deborah Kerr Tagliarini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

(813) 229-2585

Date

Daytime Phone #

CR2E034 (9/96)