

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISCLOSED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 29 AM 8: 22

DOCUMENT # J89424 (2)

1. Corporation Name
VAN-TASCH, INC.

Principal Place of Business Mailing Address
**438 N CROFT AVE. 438 N CROFT AVE.
% ROMEO TASCHEREAU, P.O. BOX 905 % ROMEO TASCHEREAU, P.O. BOX 905
AR/REJ/4-22-92/10 32650-0575 AR/REJ/4-22-92/10 32650-0575**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/25/1987** 3a. Date of Last Report **03/21/1994**
4. FEI Number **59-2831983** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**TASCHEREAU ROMEO, MARSHALL PAMELA
438 N CROFT AVE
INVERNESS FL 32650**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TASCHEREAU, ROMEO	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	438 N CROFT AVENUE	12. NAME	
STREET ADDRESS	INVERNESS FL	13. STREET ADDRESS	
CITY- ST- ZIP		14. CITY- ST- ZIP	
TITLE	D MARSHALL, PAMELA	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	438 N CROFT AVENUE	22. NAME	D TASCHEREAU PAMELA
STREET ADDRESS	INVERNESS FL	23. STREET ADDRESS	438 N CROFT AVE
CITY- ST- ZIP		24. CITY- ST- ZIP	INVERNESS FL. 34453
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Romeo Taschereau*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
ROMEO TASCHEREAU

Date _____ (System Place)

CR2E034 (3/95)