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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K70036** **(4)**

1. Corporation Name

TARIFF COMPLIANCE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
5301 N FEDERAL HWY STE 250 BOCA RATON FL 33487	5301 N FEDERAL HWY STE 250 BOCA RATON FL 33487

3. Date Incorporated or Qualified: **03/03/1989**

3a. Date of Last Report: **10/10/1995**

2. Principal Place of Business
21: 40 NE 7th AVENUE
Suite, Apt. #, etc.: 22:
City & State: 23: DELRAY BEACH, FL
Zip: 24: 33483 Country: 25: USA

2a. Mailing Address
26: 40 NE 7th AVENUE
Suite, Apt. #, etc.: 27:
City & State: 28: DELRAY BEACH, FL
Zip: 29: 33483 Country: 30: USA

4. FEI Number: **65-0099904** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☒ **$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

THEODORE F BRILL
8211 W BROWARD BLVD, STE 360
FT LAUDERDALE FL 33324

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: [signature] DATE: 2/20/96

12. OFFICERS AND DIRECTORS

TYPE	DP	☐ DELETE
NAME	GORNDT, GREY G.	
STREET ADDRESS	10970 LAREINA RD	
CITY, ST, ZIP	DELRAY BCH FL	
TYPE	DST	☐ DELETE
NAME	GORNDT, APRIL L.	
STREET ADDRESS	10970 LA REINA RD	
CITY, ST, ZIP	DELRAY BCH FL	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TYPE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TYPE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TYPE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TYPE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TYPE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TYPE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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14. I declare that the information supplied with this filing is voluntarily furnished and 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 added, above or on an attachment with an address.

SIGNATURE: [signature] APRIL GORNDT 2/9/96 (407)274-0585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)