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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # L12463

(0)

TAUL ENTERPRISES, INC.

## FILED Mar 06 1997 8:00am Secretary of State

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805 W. MADISE TALLAHASSEE US		Mading Address 805 W MADISON STREET TALLAHASSEE FL 32304- US			L INDRINDIN ANN THOSE FIGHT STREED OLING AND NIGHT DIGHT GOOD OFGET FOR I			
					3. Date Incorporated or Qualified 08/30/1989	3a. Dat	e of Last <b>)6/199(</b>	
····າ	ace of Business	2a. Mailing Address	•		4. FEI Number			Applied For
21   Suite, Apti-	F. Ch	<b>26</b>			59-2988096			Not Applicable
22	1	27			5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing			O May Be
23		28			Trust Fund Contribution			d to Fees
Zφ	Country	Zip	Country	/	8. This corporation has liability for in	tangible t	ax under	s. 199.032,
24	25	29	30			Yes [		
741	9. Name and Address of Cu	irrent Registered Agent	81	Nama	10. Name and Address of New Reg	istered A	gent	
	L, MARK STEPHEN		01	Name				
	I LOTHIAN DRIVE LAHASSEE FL 32312		82	Street Add	dress (P.O. Box Number is Not Acceptabl	e)		
IAL	LAUNOSEE EL SESTE		83					
			84	City		FL	85 Zij	p Code
agent Fa: S GNATURF :	la "				ation's board of directors. I hereby accept	DATE		
12.	OBJELDS	A NEW CHEST CATICATOR						556 144
		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND I	DIRECTO	JRS IN 12
Tarif	PSTD	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE		DIRECTO Change	
TULE NAME	PSTD Taul, Mark Stephen		1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICE			
TULE NAME SUBLET ADDITIONS	PSTD TAUL, MARK STEPHEN 1014 LOTHIAN DRIVE		1.1 TITLE 1.2 NAME 1.3 STREET		ADDITIONS/CHANGES TO OFFICE			
TOLE NAME SIREELANGERS (CONTRACTOR)	PSTD Taul, Mark Stephen	DCLETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CHY-5		ADDITIONS/CHANGES TO OFFICE		Change	e Addition
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TOTE NAME SPECIAL ADDRESS CHYSE FOR THE? NAME SMEET ADDRESS CHYSE FOR	PSTD TAUL, MARK STEPHEN 1014 LOTHIAN DRIVE	DCLETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CHY-5 2.1 TITLE 2.2 NAME 2.3 STREET	ST-ZIP ADORESS	ADDITIONS/CHANGES TO OFFICE	[	Change	Addition
TOTE NAME SPIRELABORET CHY-SE-701 TREP KAME SPIRELABORET CHY-SE-701 THE TREP	PSTD TAUL, MARK STEPHEN 1014 LOTHIAN DRIVE	DELETE	1.1 TITLE 1.2 NAME 1.3 STREEL 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREEL 2.4 CITY-	ST-ZIP ADORESS	ADDITIONS/CHANGES TO OFFICE	[	Change Change	e Addition
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4. I do hereby certify that the ultimation 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 and sated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that have different or this composition 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 dichanged for order attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR