

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mouton
Secretary of State
Tallahassee, Florida 32399-0400

DOCUMENT # **L13137**

(9)

1. Corporation Name

TAG ALONG PRODUCTS, INC.

APPROVED
AND
FILED

55 MAY - 1 AM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O GUIDO DELGADO
6675D MONTEGO BAY BLVD.
BOCA RATON FL 33433

Managing Agent

C/O GUIDO DELGADO
6675D MONTEGO BAY BLVD.
BOCA RATON FL 33433

PLEASE WRITE IN THIS SPACE

3. Date incorporated or qualified 08/23/1989	3a. Date of Last Report 01/24/1994
4. FID Number 65-0146839	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
7. Does corporation have authority to do business in other states? Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Managing Agent
21. State Address	26. State Address
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

**DELGADO, GUIDO
6675D MONTEGO BAY BLVD.
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Applicable)	
83. City & State	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(1) and 607.01(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in this 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 a registered agent in Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent)

(Signature of New Registered Agent)

(Date)

12. ADDITIONAL REGISTERED AGENTS	
NAME STREET ADDRESS CITY & STATE	DP DELGADO, GUIDO 6675D MONTEGO BAY BLVD. BOCA RATON FL
NAME STREET ADDRESS CITY & STATE	V BALTER, BETTY 22194 FRESNO TERRACE BOCA RATON FL
NAME STREET ADDRESS CITY & STATE	
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NAME STREET ADDRESS CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY & STATE	☒ Change ☐ Addition
NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 607.01(1) and 607.01(2)(b), Florida Statutes. I further certify that the information included 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 registered agent 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 of this report, or on an attached form with an address.

SIGNATURE: X

SIGNATURE AND TITLE OF CURRENT NAME OF SIGNING OFFICER OR DIRECTOR

4/1/95