

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L13137 (9)**

1. Corporation Name
TAG ALONG PRODUCTS, INC.



Principal Place of Business: **C/O GUIDO DELGADO 6675D MONTEGO BAY BLVD. BOCA RATON FL 33433**
Mailing Address: **C/O GUIDO DELGADO 6675D MONTEGO BAY BLVD. BOCA RATON FL 33433**

3. Date Incorporated or Qualified: **08/23/1989**
3a. Date of Last Report: **05/01/1995**

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

4. FEI 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: *Guido Delgado*
Signature of the individual named in Block 13 or the registered agent

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DELGADO, GUIDO	
STREET ADDRESS	6675D MONTEGO BAY BLVD.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DELGADO, BETTY	
STREET ADDRESS	22194 FRESNO TERRACE	
CITY - ST - ZIP	BOCA RATON FL	
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. TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	DELGADO, GUIDO	
3. STREET ADDRESS	4176 INVERRARY DRIVE #311	
4. CITY - ST - ZIP	LAUDERHILL FL 33319	
2. TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	DELGADO, BETTY	
23. STREET ADDRESS	22068 Las BRISAS CIRCLE	
24. CITY - ST - ZIP	BOCA RATON 33433	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
4.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
5.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
6.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
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 119.07(3)(k), 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: *Guido Delgado* **GUIDO E. DELGADO** (954) 4861535
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (12/95)