## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16973

(4)

TAZRAK CORP.

BOD LOWER BARLY AND	202 LUDE BARK AUE
Principal Place of Business	Mailing Address

## **FILED**

## Jan 15 1997 8:00am Secretary of State



rimciparriace	, the productions	Mailing Address			1	,	,	
- 302 HYDE PAR - TAMPA FL 336		#AMPA PL 33006-2233						
					3. Date Incorporated or Qualified 09/18/1989	3a. Date of Last Report 05/23/1996		
	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For	
21 /25	- W. DAVIS Blue	126 125 W.	DAVI	's Blud	/· 59-2969833		Not Applicable	
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	, , , , , ,	75 Additional se Required	
City & State  23 Tor M	, ,	City & State	FI.		Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees	
Zip 24 3366	Country 06 25 U.S.A	Zφ 29 33606	Countr	٠ <b>٨</b> ک	This corporation has liability for in Florida Statutes	ntangible tax und Yes 🔣 No	ler s. 199.032,	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent		
SHIF	rah, gordon H.		81	Name 7	PEV VILLAMILE	VA		
	HYDE PARK AVE		82	Street Addr	rese (P.O. Box Number is Not Acceptab	ie)		
TAM	PA FL 33606				125 W. DAVIS	Blud	<u>•</u>	
			83	'				
			84				Zip Code	
dd Dwarent	to the ere wines of Cashara 607 0500	and CO7 4509. Flacido Statut	as the obs	1 //	Ampa		33606	
office or re	egistered agent, or both, in the State of	f Florida. Such change was a	authorized b	y the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changi of the appointmen	ng its registered	
agent Lar	m tamiliar with and accept the obligat					11.06	-	
SIGNATURE	Signature, typed or printed name of registered agent	and the facelonia //. AC	LUCY F. Repistered Ar	ent sonature requi	rad when reinstaling)	//U/Y		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	PST	DELETE	1.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME	SHIRAH, GORDON H.		1.2 NAME	Ì			ì	
STREET ADDRESS	307 HYDE PARK AVE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	TAMPA FL		14 CITY	ST-ZIP				
TITLE	D	DELETE	2 1 TITLE			☐ Cha	inge 🔲 Addition	
NAME	SHIRAH, GOROON H.		2.2 NAME					
STREET ADDRESS	307 HYDE PARK AVE		2.3 STREE	T ADDRESS	i "		Į.	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY	ST-ZIP				
TITLE	VRO /	<b>▼</b> DELETE	3.1 TITLE	V	70	☐ Cha	nge 🔣 Addition	
NAME	VILDANUEVA, ESTER		3.2 NAME	V	MANUEVA, KOY		ļ	
STREET ADDRESS	125 W. QAVID BLVD.		3.3 STREE	T ADDRESS 📝 🕏	25 W. DAVIS BIVE			
CITY-ST-ZIP	TAMPA FL		3 4. CITY-	ST-ZIP 7	PD CHANUEVA, REY 25 W. DAVIS BIND Umpe, Fl. 33606			
TITLE		☐ DELETE	4.1 TITLE	,		∟ Cha	inge 🔲 Addition	
NAME			4. 2 NAM	:				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP		Floriere	4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5 1 TITLE			Cha	inge 🔲 Addition	
NAME			5.2 NAME	1				
STREET ADDRESS			1	T ADDRESS			1	
CITY - S1 - ZIP		DELETE	5.4 CITY-	ST-ZIP		T 105	ingo Addition	
TITLE		☐ DELÉTE	6 1 TITLE			Cha	inge 🗌 Addition	
NAME			6.2 NAME	1				
STREET ADDRESS				T ADDRESS			ļ	
CITY-ST-ZIP	The a carticle of the second	The All Property of the Proper	6.4 CITY	ST-ZIP	1 - 0 - v - 440 07(0)(0) E()			

4. I do hereby certify that the information 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 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: SIGNATURE AND INCO OR PRINTED NAME OF SIGNAL OF SIGNAL

110/97 253-3 Date Daytime Phone