Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90201 039 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 132830

1. Corporation	Name						
TAMARIN	ID INVESTMENTS, INC.						
					1 (40)(41) 810 (1)(4 (104) 16 (10 (104)	. DANI DIRIN DIRIN AKRIL DIR	A BEREN DIRECTOR
Principal Place of Business Mailing Address					# INPLICATE FOR FILLING HOUR HIGH CONTROL OF STATE OF STA		
C/O JOSEPH DAHRUJ. JR. C/O JOSEPH DAHRUJ. JR.							
7512 DR. PHILLIPS BLVD. SUITE 50-233 7512 DR. PHILLIPS BLVD. SI				В			
ORLANDO FL 32819		ORLANDO FL 32819		, DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					11/30/1989		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	⊢+ −	Applied For	
21		26		65-0168377		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 1 7 - 1	Additional	
22		27				Required	
City & State		City & State		6. Election Campaign Financing	1 1	May Be	
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax Yes No			
24		29	30		Personal Property Tax.		DIAD
	9. Name and Address of Current	t Registered Agent	8	4 N	10. Name and Address of New Re	gistered Agent	
DVA	OND WILLIAM TECO		l°	1 Name		•	
DYMOND, WILLIAM T ESQ 215 NORTH EOLA DRIVE ORLANDO FL 32801			8:	Street Address (P.O. Box Number is Not Acceptable)			
			[8:	3			1
			8	4 City		85 Zij	Code
				1 1	·	FLII	
office or nagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	2 and 607.1508, Florida Statute of Florida. Such change was a lions of, Section 607.0505, Flor ions of table to the control of	es, the abo uthorized b rida Statute	ve-named or y the corpo	corporation submits this statement for the protection's board of directors. I hereby accept	the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Ag	ent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECT	ORS IN 12
TITLE	P DELETE		1.1 TITLE			Change	Addition
NAME	DAHRUJ, JOSEPH JR		1.2 NAME	:			
STREET ADDRESS	7540 DD DUNLIDO DIVID OUTT EO 000		1.3 STRE	ET ADDRESS			
ì	ODLANDO EL 2004O			ST-ZIP			l
CITY+ST-ZIP TITLE	OND WED TE	DELETE	2.1 TITLE			Change	e 🔲 Addition
NAME			2.2 NAME	.			
				ET ADORESS			
STREET ADDRESS			2.4 CITY	!			
CITY-ST-ZIP	 	DELETE	3.1 TITLE			☐ Chang	e 🔲 Addition
NAME		<u> </u>	3.2 NAME	- 1	•		
				ET ADDRESS			
STREET ADDRESS			3.4. CITY	I			
CITY-ST-ZIP		DELETE	4.1 TITLE	*		☐ Change	a Addition
TITLE				- 1			
NAME			4.2 NAM				Ì
STREET ADDRESS				ET ADORESS			ļ
CITY-ST-ZIP	,	☐ DELETE	4.4 CITY-	· · · · · · · · · · · · · · · · · · ·		☐ Chang	e 🔲 Addition
TITLE		☐ nere is	5.1 TITLE 5.2 NAME	I		புகள்	
NAME	1			- 1			
STREET ADORESS				ET ADDRESS	, and the second		\
CITY-ST-ZIP			5.4 CITY-			Chang	e
TITLE		☐ DELETE	0.1 1114.0	•		criany	

14. I hereby certify that the information supplied with this filing 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 supplier ental 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP