

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sewell B. Mather  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M11164** (4)  
1. Corporation Name  
**TANGENT CORPORATION**



Principal Place of Business: **255 S. COUNTY RD., SUITE 1 PALM BEACH FL 33480**  
Mailing Address: **255 S. COUNTY RD., SUITE 1 PALM BEACH FL 33480**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>02/11/1985</b>	<b>02/15/1995</b>
4. FEI Number	Applied For
<b>65-0131093</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES, INC  
11780 US HWY ONE  
SUITE 300  
NORTH PALM BCH FL 33480**

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 607.014(2) and 607.1505, Florida Statutes, the aforementioned 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

12.	NAME	OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
	<b>D REYNOLDS, WILEY</b>		
	<b>340 S. OCEAN BLVD</b>		
	<b>PALM BEACH FL</b>		
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE

13.	NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)