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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M65774

(5)

TAHITIAN INVESTMENTS, INC.

Principal Place of Business Mailing Address										
1803 U.S. 19 HOLIDAY FL 34691 US		1803 U.S. 19 HOLIDAY FL 34691-5536 US	HOLIDAY FL 34691-5536							
					I	Incorporated or Qualified 5/1988	3a. Date of t 02/19/19		∞rt	
 -1	lace of Business	2a. Mailing Address	<u> </u>			lumber			lied For	
Suite Apt	# etc	Suite Ant # etc	Suite, Apt. #, etc.			-2868146			Applicable	
22		27	27			ficate of Status Desired		ee Req	iditional uired	
City & State	e	City & State	City & State 			ion Campaign Financing Fund Contribution		5.00 N added to		
Zφ	Country	Zıp	Count	'y	8. This	corporation has liability for	r intangible tax ur	nder s.		
24	9. Name and Address of Curren	29	30			da Statutes e and Address of New Re	Yes No			
BAK		it neglateled Agent	8	1 Name	10. Nam	e and Address of New H	egistered Agent			
BAKER, RICAHRD W 1803 US 19										
HOLIDAY FL 34691			8	2 Street A	ddress (P.O. Bo	ox Number is Not Accepta	ıble)			
			8:	3						
			8-	4 City			85	Zip Co	ode	
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	tes the abo	ve-named r	corporation sub-	mits this statement for the	FL 85	aina ite	ropintorod	
office or r	egistered agent, or both, in the State in familiar with, and accept the obligi	of Florida, Such change was :	authorized t	by the corpo	oration's board	of directors. I hereby acce	apt the appointment	ant as re	egistered	
	in ramina, with, and accept the cong.	alions of, Section 607,0005, Pi	onua Statuti	28.						
SIGNATURE	Signature: typica or printed name of registered age	nt and title if applicable (NO)	E: Registered A	gent signature r	equired when reinstati	ing)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDIT	IONS/CHANGES TO OFFI	CERS AND DIRE	CTORS	IN 12	
TITLE.	DST	☐ DELETE	1.1 TITLE				□ C	ange	Addition	
NAME	BAKER, RICHARD W.		1.2 NAME							
STREET ADDRESS	1803 U.S. HWY. 19		1.3 STRE	T ADDRESS						
City-ST-7IP	HOLIDAY FL		1.4 CITY			******				
TITLE	AS HIMOUDICE DOD	☐ DELETE	2.1 TITLE				□ Ct	nange	Addition	
NAME	HUMPHRIES, BOB 501 E KENNEDY STE 1700		2 2 NAME							
STREET ADDRESS	TAMPA FL		2.3 STREE	T ADDRESS		:	:			
CITY - ST - ZIP	P	- Drugge	2. 4 CITY	-ST-ZIP	n L					
TIFLE	SPEER, ROY M.	DELETE	3.1 T(TL€	1.0	D	SMALL	X Cr	iange	Addition	
NAME CENTER ADDRESS	1803 U.S. 19		3.2 NAM6	<u> </u>	Kat W	Spaar				
STREET ADDRESS	HOLIDAY FL					17 5 30 AL				
CHY+ST-ZIP TITLE	TIOLDAT TE	DELETE	3.4. CITY 4.1 TITLE		HOLIDA	4 70 34641	☐ C+		Addition	
NAME		DECENE	4. 2 NAM	1		•	السا	ia iye	MOONIOI	
STREET ADDRESS										
CITY - ST - ZIP				T ADDRESS						
TITLE		DELETE	4.4 CITY - 5.1 TITLE				☐ Cr	12006	Addition	
NAME		the second of	5.2 NAME	4				~An	- Addition	
STREET ADDRESS				T ADDRESS						
C-TY - ST - ZIP			5.4 CITY -	1						
TITLE		DELETE	6.1 TITLE				Cr	nange	☐ Addition	
NAME			6.2 NAME				O			
STREET ADDRESS				T ADDRESS						
C.7V. C1. 740			0.4.0174	OF 710						

14. I do 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 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 oriector 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.