FILED Apr 21, 1999 8:00 am Secretary of State

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

	999 DIVISION OF CORPORATIONS				04-21-1999 90006 024 ***150.00				
	MENT # M7	20560							
1. Corporation	Name	2002							
TARRAW	ek, inc.								
Principal Place	of Business	Mail	ing Address	_		(	# 011)10 1101 01011 0		O(I DIDII (BO(
1950 SUMMIT PARK DR. 1950 SUMMIT PARK DR.									
SUITE 300			SUITE 300 ORLANDO FL 32810			DO NOT V	RITE IN THIS	SPACE	
ORLANDO FL 32810 US			US			3. Date Incorporated or Qualit		701702	
						03/16/1988			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		<u> </u>	olied For
21			26			59-2885721			Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired	ı 🗆	<b>\$8.75</b> A Fee Red	
City & State	<del></del>	27	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financi	10 —	\$5.00	
23	-	28	•			Trust Fund Contribution	' <sup>9</sup> 🗆	Added to	
Zip	Country		Zip	Coun	try	8. This corporation owes the	urrent year In		
24 25 29				1		Personal Property Tax.  10. Name and Address of Ne			□No
	9. Name and Address	s of Current Registe	ered Agent		81 Name				
POCCEL LINDA						m propert		<u> ۲۷</u>	
ZOM PROPERTIES, INC.					82 Street Ad	Idress (P.O. Box Number is Not Acc	eptable)		
1950 SUMMIT PARK DR.					83				
ORLANDO FL 32810				-	84 City		<u> </u>	85 Zip C	ode
/					'		FŁ	_   '   '	
11. Pursuant	to the provisions of Section	ons 607.0502 and 60	1508, Florida Statutes,	the ab	ove-named co	reporation submits this statement for ation's board of directors. I hereby ac	the purpose of cept the appo	f changing its i	registered iistered
agent. I a	m familiar with and acder	ot the obligations of	Section 607.0505, Florida	Statul	tes.		4-30		
SIGNATURE		M / I / I	12 Sav	ware	7 C · 24	enhans da		-99_	
12.	Signature, typed or printed named	registered agent and title if		13.	govi signature rego	ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
TITLE	D	<u></u>	DELETE	1.1 1111	E			Change	☐ Addition
NAME	VON MEISS, FLORIA	N		1.2 NAM	AE				
STREET ADDRESS	USTERISTRASSE 14			1.3 STR	EET ADDRESS				
CITY-ST-ZIP	CH-8021 ZURICH, SV	WIT	☐ DELETE	_	Y-ST-ZIP			☐ Change	Addition
TITLE	D Blum Claude		☐ pereie	2.1 TITL 2.2 NAM				Gridings	
NAME STREET ADDRESS	USTERISTRASSE 14				REET ADDRESS				
CITY-ST-ZIP	CH-8021 ZURICH, SV	NIT			Y-ST-ZIP				
TITLE		····	☐ DELETE	3.1 7171			·	☐ Change	Addition
NAME				3.2 NAM	AE .				
STREET ADDRESS				3.3 STR	REET ADDRESS				
CITY-ST-ZIP			C aci cre		Y-ST-ZiP			Change	☐ Addition
TITLE			☐ DELETE	4.1 TITL	i				L_J Addition
NAME CTDCCT ADODCCC				4.2 NA	REET ADDRESS				ļ
STREET ADDRESS					Y-\$T-ZIP				
_ CITY-ST-ZIP TITLE			DELETE	5.1 TITL				Change	Addition
NAME				5.2 NAM	ME				
STREET ADDRESS				5.3 \$TR	REET ADDRESS				ļ
CITY-ST-ZIP					Y-ST-ZIP				<b>□ A</b> .430
TITLE			☐ DELETE	6.1 TITL	1			Change	☐ Addition
NAME				6.2 NAM	NC			•	i

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 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 all attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SI WULLTURE REQUEIOTIAN von Meiss

April 1, 1999

+41-1-2119888

Daytime Phone #