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FILED

Mar 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005831 (1)

1. Corporation Name

PIPA-TAG, INC.

Principal Place of Business

1501 GARDEN AVENUE  
TARPON SPRINGS FL 34689

Mailing Address

1501 GARDEN AVENUE  
TARPON SPRINGS FL 34689-2305

3. Date Incorporated or Qualified  
12/06/1995

3a. Date of Last Report  
05/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

APPLIED FOR 59-3386698

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAKELLARIDES, JOHN M ESQ.  
34650 US 19 NORTH STE 308  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

JOHN SAKELLARIDES

82 Street Address (P.O. Box Number is Not Acceptable)

2595 Tampa Road, Suite J

83

84 City

Palm Harbor

FL

85 Zip Code

34684

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

1-20-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEHR, JOHN C	
STREET ADDRESS	1501 GARDEN AVENUE	
CITY - ST - ZIP	TARPON SPRINGS FL 34689	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MALINOWSKI, HEATHER	
STREET ADDRESS	1015 WIDEVIEW AVE	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MOSLEY, MARY	
STREET ADDRESS	134 N SPRING BLVD	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAMMER, JANE	
STREET ADDRESS	120 CALYLE DRIVE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMMONA, DR ROSE MARY	
STREET ADDRESS	1440 RIVERSIDE DRIVE	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VICE PRESIDENT
5.3 STREET ADDRESS	AMMONS, DR. ROSE MARY
5.4 CITY - ST - ZIP	1440 RIVERSIDE DRIVE
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TARPON SPRINGS, FL
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* JOHN C LEHR

1/24/97

813-848-7122

Date

Daytime Phone # 0068953

CR2E037 (9/96)