


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000004797 (4)</b>					
1. Corporation Name <b>TADA, INC.</b>					
Principal Place of Business <b>5865 SW 21ST STREET HOLLYWOOD FL 33023</b>			Mailing Address <b>5865 SW 21ST STREET HOLLYWOOD FL 33023</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/16/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0694078</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>KOCH, STEVEN 5865 SW 21ST STREET HOLLYWOOD FL 33023</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>KOCH, STEVEN</b>			1.2 NAME		
STREET ADDRESS <b>7745 NW 63RD AVENUE</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>PARKLAND FL 33067</b>			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>VD RIVERO, CONCHITA</b>			2.2 NAME		
STREET ADDRESS <b>4135 SW 96TH AVENUE</b>			2.3 STREET ADDRESS		
CITY-ST-ZIP <b>MIAMI FL 33165</b>			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>SD ZENKO, JOE</b>			3.2 NAME		
STREET ADDRESS <b>6143 PLAINS DRIVE</b>			3.3 STREET ADDRESS		
CITY-ST-ZIP <b>LAKE WORTH FL 33463</b>			3.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>VD MCGRATH, NICHOLAS</b>			4.2 NAME		
STREET ADDRESS <b>3690 COCONUT ROAD</b>			4.3 STREET ADDRESS		
CITY-ST-ZIP <b>LAKE WORTH FL 33461</b>			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>VD BUNKER, Philip</b>			5.2 NAME		
STREET ADDRESS <b>513A Pine Island Ridge Ave</b>			5.3 STREET ADDRESS		
CITY-ST-ZIP <b>LANTANA, FL 33462</b>			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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]* **1-5-98** **904-346-7288**

CR2E037 (10/97)