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PINESS REPORT (UBR)

FILED Aug 06, 2001 8:00 am Secretary of State

DOCU! 1. Entity Name TYFUE	ENTERPRISES, INC.								
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rincipal Place of Business 2 SAUDERS ROAD SE LLM BAY FL 32909		Mailing Address 402 SAUDERS ROAD SE PALM BAY FL 32909							
						1800 1800 18 00	J BERNI HEIM B		A) (3% (34)
Principal Place of Susiness		3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		(1 50 1/ 01) HI 01 /H 1	THY co nt èr en f it	 		[6] 6]]; [54]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DC	NOT WRITE I	N THIS SPA	ACE	
City & State		City & State		رنيم	FEI Number 1N 59-3	7290-	34		plied For of Applicable
Zip	Country	Zip	Country		Certificate of Status		\$ 8	3.75 Ack	litional
	6. Name and Address of Current Registered Agent		Name		Name and Addres	s of New Reg			
	JACOBY, DAVID H			<u>-</u>	Box Number is Not	Acceptable			
	i robert J. Conlan Boulev <i>i</i> Te 100	ARD N.E.							
PALM	M BAY FL 32905		City				Et l	Zip Cod	9
Theobare	The above named entity submits this statement for the purpose of changing its r					Contract Florid	FL		
		t for the purpose of changing (is registered office	or registered a	aent orboth in the				
The above	TIBLINGS OF THE STATE OF THE ST	t for the purpose of changing (is registered office	or registered a	gent, or both, in the	State of Florid	Q.		
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DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 07-12-2001
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 59-3729034
FORM: SS-4
0726227112 B

FOR ASSISTANCE CALL US AT: 1-800-829-1040

TYELLE ENTERPRISES INC 402 SAUDERS RD PALM BAY FL 32909

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

A CALLERY

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WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form \$5-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3729034. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

07/09/2001

The due date of your return has passed and we have no record of receiving it. Please file your form by 07-27-2001. The penalties and interest will accrue from the date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

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If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

OHOCHMENT DOCH POODOO 84715 10967

To be completed by next of kin who does <u>NOT</u> have legal appointment as Personal Representative/Administrator for deceased patient and there will be <u>no Probate</u> filing.

STATE OF FLORIDA
COUNTY OF Sevard
BEFORE ME, the undersigned authority, this day personally appeared Betty fore Rogers , who after being duly sworn deposes and says:
1. That the affiant is the Spouse (Relationship)
of Joseph F. Rogers , deceased. (Patient's Name)
2. That Joseph F. KogeRs , died on the
2. That Joseph F. Rogers , died on the /JTh day of October , 192000 in New York City
County, State of New York . (Death certificate is attached if patient expired outside this medical facility.)
That affiant, BeTTy JANE RoseRS, stands next in line of intestate succession for Joseph F. RogeRS. (Patient's Name) (Patient's Name)
FURTHER AFFIANT SAYETH NAUGHT
AFFIANT/B SIGNATURE
sworn and subscribed before me this 304 day of guly
wante visc
Notary Public O
My Commission expires: A Shown as
Anana Viger Anana Viger Anana Viger Anana Viger Expires December 17, 2002