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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P03595

(6)

TAVERNA CRYPT SYSTEMS, INC.

FILED Feb 03 1997 8:00am Secretary of State

A contract of the contract of	
	BIRGI BEREL BEREL BIRGI HUN.

1200 AUBURN S P.O. BOX 308 WHITMAN MA C 2. Principal P 21 Suite, Apt 22	<b>12382</b> Place of Business	1200 AUBURN ST. P.O. BOX 308 WHTMAN MA 02382-030  28. Mailing Address 26 Suite, Apt. #, etc. 27	8		<ul> <li>3. Date Incorporated or Qualified 10/04/1984</li> <li>4. FEI Number 04-2747483</li> <li>5. Certificate of Status Desired</li> </ul>		\$8.75	Report  pplied For ot Applicable  Additional equired	
City & Stat	e	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	14	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Country 30		This corporation has liability for intangible tax under s. 199.032     Florida Statutes				
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	egistered A	gent		
CAMEL, LEON 1500 AIRPORT RD. P.O. BOX 913 BELLE GLADE FL 33430		81 82 83	Name Street Add	ress (P.O. Box Number is Not Acceptable)  FL   B5   Zip Code					
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the Statum profiler with and accept the oblig	e of Florida Such change wa pations of, Section 607.0505, Pend and title of opplicable (N ND DIRECTORS	is authorized by Florida Statutes	the corpora 3.	poration submits this statement for the tition's board of directors. I hereby access and the statement for the properties of the statement for the statement	DATE CERS AND	DIRECTOR	registered	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TAVERNA, DOMENIC P. 139 COLONIAL DRIVE QUINCY MA	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S				Change	Addition	
PILE NAME STREET ADDRESS CITY-ST-ZIF	SD TAVERNA, IRENE I. 139 COLONIAL DRIVE OUINCY MA	[_] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2. 4 CITY-				Change	Addition	
TITLE		DELETE	3.1 TITLE				Change		
NAME STREET ADORESS CITY-ST-ZIP			3.2 NAME 3.3 STREET 3.4. CITY-			· · ·	· ·	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3.3 STREET 3.4 CITY- 4.1 TITLE 4. 2 NAME 4.3 STREET	ST-ZIP ADDRESS			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.3 STREET 3.4. CITY 4.1 TITLE 4. 2 NAME	ADDRESS AT-ZIP ADDRESS ADDRESS			· ·		

14. I do hereby certify that the infor information indicated on this an I am an officer or director of the appears in Block 12 or Block 1



remption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the lurate and that my signature shall have the same legal effect as if made under oath; that cute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: Jonnenie P. J.

1 - 13 -97