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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

21085 NE 34TH AVE.

AVENTURA FL

P40105

(9)

TAMARACK OF GENEVA INCORPORATED

FILED Mar 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							T 198114001 1/1 DIBIN DOIDN NON DOIDN DINN BY		
21085 NORTHEAST 34TH AVE. #102 AVENTURA FL 33180			#102	21085 NORTHEAST 34TH AVE. #102 AVENTURA FL 33180			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 08/17/1992		
2	2. Principal Place of Business 2a. Mailing Addre			dress	ess		4. FEI Number Applied For		
21]		26	26			13-2777132 Not Applicable		
22	Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
23		City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24	Zip	25 29 30			Country	Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
PARHAM, PATRICK W. 21085 NE 34TH AVE. #102 AVENTURA FL 33180					81	Name	Name Street Address (P.O. Box Number is Not Acceptable)		
					82	Street /			
					83		1		
					84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 tamiliar with and accept the obligations of Section 607.0505, Florida Statutes.									
SIGNATURE Signature: typed or printed name of registered agent and talk if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
1:	2	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TI	TLE , DCP DELETE 1.11			1.1 TITLE		Change Addition			
NAME PARHAM, PATRICK W. 1.2 N.					1.2 NAME				

CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

2. 4 CITY - ST - ZIP

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE 3.2 NAME

DELETE

DELETE

14. Thereby 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 suppliemental 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, of on an appears with an address.

100

Change

Change

Addition

Addition