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PROFIT CORPORATION ANNUAL REPORT



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

1996

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DOCUI	MENT # P402 5	57 (8)						
•	TAL CAISSON CORP.	• •						
Principal Place	of Business	Mailing Address					91 ALSK OIBN BIOH EII	
12290 U.S. HIGHWAY 19 NORTH 12290 U.S. HIGHWAY 1 CLEARWATER FL 34624 CLEARWATER FL 34624								
					3. Date Incorporated or Qu 08/28/1992	ualified :	3a. Date of Last 09/25/19	
2. Prinopal Pl	ace of Business	2a. Mailing Address	· -		4. FEI Number			Applied For
' Suite, Apt.	й, etc.	Suite, Apt. #, etc.			04-3163765		<u> </u>	Not Applicable 5 Additional
2]		27			5. Certificate of Status Des	sired [7	Required
City & State	9	City & State			Election Campaign Finar Trust Fund Contribution	٠ ,		00 May Be
Ζφ) 1	Country	Zıp	Country		8. This corporation has liab		angible tax under :	
1}	9. Name and Address of Currer	pt Pagistared Agent	30			Yes [
	5, Name and Robics of Carre	in negistered Agent	81	Name	10. Name and Address of	T New Keg	istered Agent	
CTCO	RPORATION SYSTEM		20		/DO D- N 1 1 1 1			
	OUTH PINE ISLAND ROAD		82	Street Addr	ess (P.O. Box Number is Not A	(cceptable		
PLANT/	NTION FL 33324		83					
			1 1					
			84	City			85 7	'in Code
14 F				City			F-1	ip Code
11. Pursuant t	to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori	2 and 607.1508, Florida Statu ida. Such change was authori		•	ration submits this statement for	r the purpo	F-1	•
1. Pursuant t or register familiar wi	to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	2 and 607.1508, Florida Statu ida. Such change was authori tion 607.0505, Florida Statute		•	ration submits this statement for rd of directors. I hereby accept	r the purpo the appoint	F-1	•
			tes, the above-na zed by the corpo s.	amed corpor ration's boar		r the purpo the appoint	FL be of changing its truent as registere	•
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roo herchy certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles Puccini Jan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 19, 1996 813-536-4748
Dayline Phone #

CR2E034 (12/95)