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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 DOCUMENT # P92000012321 (5) TAUNUS TRADING, INC.								
Principal Place of Business  100 ANCHOR DR. 373		Mailing Address 100 ANCHOR DR. 373						
KEY LARGO	FL 33037	KEY LARGO	FL 33037		3. Date Incorporated or Qualified	3a. Dat	e of Last Re	•
rus as at rus	be of Business	To Mailton Asteller			01/01/1993 4. FEI Number		01/24/1	
етпюры ета	æ ochusiness	2a. Mailing Addre	255		65-0380599			Applied For Not Applicable
Suite, Apl. #	, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired			Additional
City & State		City & State			Election Campaign Financing			Required  May Be
		28			Trust Fund Contribution		Added	d to Fees
Zφ	Country 25	Ζιρ <b>29</b>	30 Co	untry	This corporation has liability for Florida Statutes     Statutes	r intangible t s □No	ax under s	199.032,
	9. Name and Address of Curre		140	I.,	10. Name and Address of New		Agent	
				81 Name				
LYNN, SANDRA T 830 N. KROME AVE.				82 Street Addr	ress (P.O. Box Number is Not Accepta	ible)		
	STEAD FL 33090			83				
HOME	31D1D11E 00000			84 City			85 Zı	o Code
				-	ration submits this statement for the pird of directors. I hereby accept the app	FL	<b>-</b>	
fanillar witt	n, and accept the obligations of, Sec	ction 607.0505, Florida	Statutes.	corporation a total	,			-3-
faniliar with	specime special printed name of registered age OFFICERS A	ction 607.0505, Florida	(NOTE Registers  13. ETE 1.1	ad Agent signature reguira , TITLE		DATE FICERS AN	D DIRECTO	
faciliar with	sgrature, typed or printed name of registered age	etion 607.0505, Florida ent and little if applicable ND DIRECTORS	(KOTE Registers 13.1 1.1 1.2 t	ed Agent synature require	d when reinstating)	DATE FICERS AN	·····	PRS IN 12
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Tabelliar with SNATURE STATE S	P HAHN, JOSPEH R. 100 ANCHOR DR. 373 KEY LARGO FL S HAHN, JOSEPHINE C. 100 ANCHOR DR. 373	ction 607.0505, Florida	(NOTE: Registers   13.   13.   13.   13.   14.   13.   14.   13.   14.   13.   14.   13.   14.   13.   14.   13.   14.   13.   14.   14.   14.   15.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	d when reinstating)	date FICERS AN	☐ Change	PRS IN 12 Addition Addition
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