FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000035518 (8)**

1. Corporation Name

TAI FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~4400 FEDERAL HIGHWAY~~ 2855 University Dr Suite #410	The SAME
~~SUITE 210~~	~~4400 FEDERAL HIGHWAY~~
~~BOCA RATON FL 33431~~ Coral Spr'ngs, FL 33065	~~SUITE 210~~ ~~BOCA RATON FL 33431~~

2. Principal Place of Business	2a. Mailing Address
21 2855 University Dr	26
Suite, Apt. #, etc. 22 # 410	Suite, Apt. #, etc. 27
City & State 23 Coral Springs, FL	City & State 28
Zip 24 33065 County 25 Broward	Zip 29 Country 30

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report: 03/28/1995
4. FEI Number: 65-0409139 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMOWITZ, SCOTT
MANDEL, SIMOWITZ, WEISMAN,& SCHERER PA
2101 CORPORATE BLVD. SUITE 300
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 or 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable — (Only Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VOPNFORD, DAVID		1.2 NAME		
STREET ADDRESS	RD 2 BOX LL60		1.3 STREET ADDRESS		
CITY-ST-ZIP	BLAIR NE 68008		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GILBERT, MELVIN		2.2 NAME		
STREET ADDRESS	~~6503 N MILITARY TRAIL #2105~~		2.3 STREET ADDRESS	203 Paradise Dr.	
CITY-ST-ZIP	~~BOCA RATON FL 33496~~		2.4 CITY-ST-ZIP	TIBURON, CA 94920	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MAZZIOTTI, LOUIS		3.2 NAME		
STREET ADDRESS	3009 NW 28TH TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby 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: _____ 4/26/96 954 345-5778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #