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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000055535

THE FIRST TARA CORP.

Principal Place of Business	Mailing Address				
120 VIA DEL LAGO	120 VIA DEL LAGO				
PALM BEACH FL 33480	PALM BEACH FL 334				

FILED Apr 14, 1999 8:00 am Secretary of State

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Principal Place	of Business	Mailing Address									
120 VIA DEL LA PALM BEACH FI								o on·		•	
						<u> </u>	DO NOT WR		S SPACE		
						3.	. Date Incorporated or Qualifed				
		1 4 M W A L				 _	08/05/1993 . FEI Number			Anni	ied For
─ ·	ace of Business	2a. Mailing Address				4.			-		Applicable
21		26 Suite Art # etc					65-0431582	¬.	\$8.7		ditional
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5.	. Certifcate of Status Desired			e Requ	
22		27 City & State	·			+-	, Election Campaign Financing		\$5	00 1	lay Be
City & State	S State City & State					0.	Trust Fund Contribution			ded to	
Zip	Country	Zip	Cou	ntry		8	. This corporation owes the cur	rent vear li	ntangible		
	25	29	30	•		0.	Personal Property Tax.	,	☐Yes	Q	∑No
24	9. Name and Address of Curren		1001	Γ		10.	Name and Address of New	Registere	1 Agent		
				81	Name						
MCC	RACKEN, JOHN B			82	Ctrops Add-a	cc /	P.O. Box Number is Not Accep	able)			
505 SOUTH FLAGLER DR.				02	Street Addre	7) be:	F.O. BOX NUMBER IS NOT ACCEP	asio)			
	E 1100			83							•
	T PALM BEACH FL 33401-3475								Top	Zio C	
		•		84	City			F	L 85	Zip Co	₩C
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was a	autnonze	יעם נ	the corporation	ratio	on submits this statement for the	purpose of	of changin pintment a	g its regi	egistered stered
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Stat	utes			,	• •			
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOT	E: Registered	Agen	t signature required	when	reinstating)	DATE			
12.		D DIRECTORS	13.				ADDITIONS/CHANGES TO O	FICERS A			
TITLE	D	☐ DELETE	1.1 TI	TLE					Cha	nge -	☐ Addition
NAME	WILLINGER, HARDING W		1.2 N	AME			2 ,				
STREET ADDRESS	324 EL BRAVO WAY		1.3 5	TREET	ADDRESS /	20	VIA DEL LAG	٥	_		
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 C	TY-\$1	T-ZIP _ PA	121	MA DEL LAG	FC.	<u> 3348</u>	<u>'O _</u>	***
TITLE		☐ DELETE	2.1 T						Cha	ınge	☐ Addition
NAME			2.2 N	AME							
STREET ADDRESS	·		2.3 \$	TREET	TADORESS -	_					· ·
CITY-ST-ZIP		•	2.40	ITY-S	ST-ZIP						
TITLE		☐ DELETE	3.1 TI						Cha	ınge	☐ Addition
NAME			3.2 N	AME							
STREET ADDRESS			3.3 \$	TREET	TADDRESS						
CITY-ST-ZIP			3.4.0	ITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 Ti	TLE					Cha	inge	Addition
NAME			4.21	IAME							
STREET ADDRESS	,		4.3 \$	TREET	T ADDRESS						
CITY-ST-ZIP			4.4 0	ITY-S	T-ZIP						
TITLE		☐ DELETE	5.1 T	TLE					Cha	ınge	☐ Addition
NAME			5.2 N	AME							
STREET ADDRESS			5.3 S	TREE	TADDRESS						
CITY-ST-ZIP	g gatern type		5.4 C	FTY-S	T-ZIP						
	2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	☐ DELETE	6.1 T	ITLE					☐ Chi	ange	☐ Addition
្រី ដែរ	i seri		6.2 N	AME							
	A CONTRACTOR OF THE PARTY OF TH		1		T ADDRESS						
STREET ADDRESS			1.								

14. I hereby 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 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 receiper 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 change it or in attachment with an address, with all other like empowered.