

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 PM 4:05

DOCUMENT # P93000064617 (2)

1. Corporation Name

TANGIERINE PROPERTIES, INC.

Principal Place of Business

220 SUNRISE AVE
PALM BEACH FL 33480

Mailing Address

220 SUNRISE AVE
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/15/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0435993	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. #214	26. Suite, Apt. #, etc. #214
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEZIEL, ROBERT E 625 N FLAGLER DR 9TH FL W PALM BCH FL 33402	81. Name ROBB A. ALLAN 82. Street Address (P.O. Box Number is Not Acceptable) 220 SUNRISE AVE, #214 83. 84. City PALM BEACH FL 85. Zip Code 33480

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 607.0509, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	ALLAN, ROBB	1.2 NAME	
STREET ADDRESS	220 SUNRISE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	ALLAN, SARA	2.2 NAME	
STREET ADDRESS	220 SUNRISE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (17)(3)(b), 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 both, in connection with an address.

SIGNATURE:

[Signature]

ROBB ALLAN

1-10-95

407/832-4013

(Signature AND PRINT OR FULL NAME OF SIGNING OFFICER OR DIRECTOR)

Title

Signature Number