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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300088604 (2)

BRIAN TAGUE, P.A.

## FILED Jan 29 1997 8:00am Secretary of State



Principal Place of Business  TEW AND BEASLEY LLP 201 8 BISCAYNE BLVD #2600 MIAMI FL 33131	Mailing Address  TEW AND BEASLEY LLP  201 S BISCAYNE BLVD #2600  MIAMI FL 33131-4330					-	<b>00</b> 101 1 <b>0</b> 101	1118 BEFAR BY	411 <b>0101</b>	
US	US					3. Date Incorporated or Qualified 01/01/1994 3a. Date of Last Report 08/14/1996				
2. Principal Place of Business 21	26	<b>+</b> !				4. FEI Number 65-0459285			Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Ap	t.#, etc.					5. Certificate of Status Desired			Additional Required
City & State	City & Sta	ale					Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip         Country           24         25	Z <sub>ID</sub> 29		30	intry				]Yes [₽	No	s. 199.032,
g, Name and Address of Curren TAGUE, BRIAN ESQ	nt Registered Age	ent		81	l Ni	ame	10. Name and Address of New Re	gistered /	igent	
C/O TEW AND BEASLEY LLP				82	SI.	root Addro	ess (P.O. Box Number is Not Acceptate	alo)		*
201 S BISCAYNE BLVD STE 2600							33 (1.0. DOX NOTIDE) 13 NOT ACCEPTAL	лс <i>ү</i> 		
MIAMI FL 33131				83						
				84	Ci	,		FL		o Code
DIVINI 124 1UUUL 1	ort and telephapphorable		It Registero				d when reinsta; ng)	DATE		
TITLE D OFFICERS AN	D DIRECTORS	DELETE	<b>13.</b> 1.1 11	 ILE		T	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO  Change	
NAME TAGUE, BRIAN	_	_ 0	1.2 N						ondings	
STREET ADDRESS 201 S BISCAYNE BLVD STE 2	600		1.3 S	HELT	ADDI	RESS				
CITY-ST-ZIP MIAMI FL		7 67.20		1Y - S	1 · ZIF	·			— <u> </u>	
TITLE NAME	L	DELETE	211) 22 N						L Change	Addition
NAME			2.3 \$		ADD1	RESS	•			
			2.40					-		
TITLE		DELETE	3.1 TI	11.E					Change	Addition
NAME			3.2 N							
STREET ADDRESS  CITY-ST-ZIP			335							
TITLE	<u>.</u>	J DELETTE	3.4. <u>C</u> 4.1 11		51 - Z1			<del></del>	Change	Addition
NAME			4 2 N	IAME						
STREET ADDRESS			4 3 8	BLEL	AOD9	RESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE		1Y-\$	1 - 7 (	•			Change	Addition
NAME	L	] DELL'IL	5.1 H 5.2 N						Change	Addition
STREET ADDRESS				IREFT	ADDI	RESS				
CITY-ST-ZIP			5.4 CI							
TITLE		DETETE	6.1 1				· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			6.2 N.							
STREET ADDRESS				REET						
CITY-ST-ZIP  14. I do hereby certify that the information supplies	d with this filmo do	oes not quali	€ 6.4 Cl				in Section 119 07(3)(i) Florida Statuto	s I further	cortify the	at the

4. To hereby certify that the information surplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual responder supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the opposition of 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 (chird or or an attachment with an address.

1/8/96

(305) 536-1112

Director