SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FUORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400007131 (3)
TARGUS ENTERPRISES, INC.

Principal Place of Business Mailing Address



Principal Place	of Business	Mailing Addre	SS				. 8:8:: 68::: 88::	19 A B 160 A B 131 11		
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TRADING POST ROAD OLD TOWN FL 32680			BOX 56 OLD TOWN FL 32680							
						3. Date Incorporate 01/28/1994	ed or Qualified	1	e of Last Repo 10/1995	ort
2. Principal Place of Business		2a. Mailing Ad	28. Mailing Address			4. FEI Number Applied Fo			ed For	
Thropat rass of 235		26	26			59-3228003 Not Applied				
Suite, Apt #	, elc	Suite Apt	#, etc			5. Certificate of Sta	atus Desired	Γ	\$8.75 Add	
		27							Fee Requi	
City & State		City & Stal	te			6. Election Campai	-	[]	\$5.00 Ma Added to F	
		28		Country		Trust Fund Contr 8. This corporation				
Zip 1	Country	Zip	ļ	30		Florida Statutes		Yes T	No	o cone.
L	9. Name and Address of C	29 29 Agent Registered Agen		30		10. Name and Add		· · · · · · · · · · · · · · · · · · ·	gent	
		Janon Hogistotes Age		81	Name					
	NAGHAN, ANDREW		Ì		C					
RT. 2, BOX 668					Street Addi	ireet Address (PO Box Number is Not Acceptable)				
	DING POST ROAD			83		-				
OLD) TOWN FL 32680				TRAD	1NG POST	Rd.		85 Zip Co	d.
				84	City OLN	MILLER		FL	85 Zip Co	QO.
1 D	o the provisions of Sections 60 egistered agent or both, in the	7.0502 and 607.1508. Flo	orida Statute	s the above	named com	poration submits this sta	tement for the pu	rpose of cl	hanging its re	gistered
IGNATURE	n familiar with, and accept the							15.50		
IGNATURE	Signature is perdici procedulo i e lot region		(f. /.)]			red when remodeled) ADDITIONS/CHA	INGES TO OFFIC	DATE DERS AND		
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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 object or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or a fan attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/96

542-3459