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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000017680 (7)

TAI LIM, INC. Principal Place of Business Mailing Address 7421 MERIDIAN ST. 7421 MERIDIAN ST.									
MIRAMAR FL 3	MIRAMAR FL 33023-4768								
						3. Date Incorporated or Qualified 03/07/1994		te of Last Re 27/1996	eport
'	lace of Business	2a. Mailing Address		********		4, FEI Number		Ap	plied For
Suite Act # etc.		26 Suito Ant # ata	Suite, Apt. #, etc.			65-0473038			t Applicable
22		<u></u> ⊢, '	27			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Z _i p	Country	Ζιρ	Cou	ntry		8. This corporation has liability for			199.032,
24	25 9. Name and Address of Curren	29 t Registered Agent	30			Florida Statutes 10. Name and Address of New Re	Yes [
LIM.	NORMAN			81	Name				
7421 MERIDIEN STREET					Street Addr	ress (P.O. Box Number is Not Acceptat	ile)		
MIRA	NMAR FL 33023			82	D. 00(Floor	The second secon			
				83					
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Stat	utes the at	nove	-named corr	poration submits this statement for the p	uroose of	changing its	s registered
office or r	egistered agent, or both, in the State mi familiar with, and accept the obliga	of Florida, Such change wa	s authorized	yd k	the corporal	tion's board of directors. I hereby acce	ot the app	ointment as	registered
SIGNATURE	Signature, typed or printed name of registy red ago	ot and the it anglicable (N	Off: Registered	I Age	ni signature regul	red when reinstating)	DATE		
12.	OFFICERS AND	·	13.			ADDITIONS/CHANGES TO OFFICE	CERS AND		S IN 12
TOLE	D	☐ DELETE	1.1 10	LE				Change	Addition
NAME	LIM, NORMAN		1,2 NA						
STREET ADDRESS	7421 MERIDIAN ST. MIRAMAR FL 33023		1		ADDRESS				
CITY+ST-ZIP TITLE	MILLAMAN I F 00050	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
NAVE				2.2 NAME			4		
STREET ADDRESS		•	2.3 ST	REET.	ADDRESS				
CITY - ST - ZIP			2. 4 C	TY-\$	ST - ZIP				
TITLE		DEL ETE						Change	Addition
NAME			3.2 N/						
STREET ADDRESS					ADDRESS				
TITLE		DELETE	3.4. CI 4.1 TI		51 - ZIP		,	Change	Addition
NAME			4.2 N						
STREET ADDRESS					ADORESS				
CITY - ST - ZIP			4.4 CI	TY-S	T-ZIP				
TITLE		DELETE	5.1 TI	ILE				Change	Addition
NAME			52 N/						
STREET ADDRESS					ADDRESS				
CHY-S1-7F		DELETE	540		T-ZIP			☐ Change	Addition
NAME			61 Ti 62 N					The Company of the Co	
STREET ADDRESS					ADDRESS				

64 CITY-ST-ZIP

SIGNATURE:

14. I do heroby certify that the information supplied 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 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.

FILED

Feb 04 1997 8:00am

Secretary of State