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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000017680 (7)

TAI LIM, INC.

FILED
Jan 28 1998 8:00am
Secretary of State

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Principal Place of Business Mailing Address			t (Basa Bird, teli) ##fl :aEl	
7421 MERIDIAN ST. MIRAMAR FL 33023	7421 MERIDIAN ST. MIRAMAR FL 33023			
			DO NOT WRITE IN THIS S	SPACE
			3. Date Incorporated or Qualified	.,
			03/07/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		<u>65-0473038</u>	Not Applicable
Suite, Apt, #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Cou	ntry  8. This corporation owes or has paid the current year Intangible		
24 25	29 30		Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
LIM, NORMAN		81 Name		-
7421 MERIDIEN STREET MIRAMAR FL 33023		82 Street Addres	et Address (P.Ö. Box Number is Not Acceptable)	
		83		
		84 City	FL	85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>	Florida. Such change was authorize	d by the corporation	ration submits this statement for the purpose of in's board of directors, I hereby accept the appo	changing its registered pintment as registered
SIGNATURE				

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1,1 TITLE LIM, NORMAN NAME 1.2 NAME 7421 MERIDIAN ST. STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADORESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE \_\_ Change \_\_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE П Спалде Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

SIGNATURE:

WHILE CALL AREQUIRED

1-30-98 954 4897

(16501) +500350