

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000043092 (3)

1. Corporation Name

TAGALONG INC.



Principal Place of Business

4678 HAIRLAND DRIVE
WEST PALM BEACH FL 33415

Mailing Address

4678 HAIRLAND DRIVE
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7468 Jpg Rd	26 7468 Jpg Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Lake Worth Fla	28 Lake Worth Fla
24 Zip 33467	29 Zip 33467
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	4. FEI Number	Applied For
06/06/1994	65-0500105	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	7. Additional Fee Required
<input type="checkbox"/>	Trust Fund Contribution <input type="checkbox"/>	\$8.75 <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

BROWN, LELAND A
4678 HAIRLAND DRIVE
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
Brown, Leland A.	7468 Jpg Rd		Lake Worth	FL 33467

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LELAND A JR	1.2 NAME	
STREET ADDRESS	4678 HAIRLAND DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	1.4 CITY - ST - ZIP	7468 Jpg Rd, Lake Worth Fla. 33467
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER	2.2 NAME	
STREET ADDRESS	NANCY Fletcher	2.3 STREET ADDRESS	
CITY - ST - ZIP	4111 OAK Terrace Lake Worth FL 33463	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 the list of officers, directors, and shareholders of the corporation.

CR2E034 (10/97)