

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90133 015 \*\*\*150.00

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DOCUMENT # P94000043092

1. Corporation Name  
TAGALONG INC.



Principal Place of Business

7468 JOG ROAD  
LAKE WORTH FL 33467  
US

Mailing Address

7468 JAY ROAD  
LAKE WORTH FL 33467  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	7841 S. military Tr.	26	7841 S. military Tr.	06/06/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0500105	
22		27		5. Certificate of Status Desired	
City & State		City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing	
Lake Worth Fla.		Lake Worth Fla.		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible	
33463		33463		Personal Property Tax.	
25		30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country			
U.S.		U.S.			

9. Name and Address of Current Registered Agent

BROWN, LELAND A  
7468 JOG ROAD  
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81	Name	Brown, Leland A.
82	Street Address (P.O. Box Number is Not Acceptable)	7841 S. military Trail
83		
84	City	Lake Worth
	State	FL
85	Zip Code	33463

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 title if 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	Brown, Leland A. Jr.
NAME	BROWN, LELAND A JR	1.2 NAME	7841 S. military Trail
STREET ADDRESS	7468 JOG ROAD	1.3 STREET ADDRESS	Lake Worth Fla. 33463
CITY-ST-ZIP	LAKE WORTH FL 33467	1.4 CITY-ST-ZIP	
TITLE	TT	2.1 TITLE	
NAME	FLETCHER, NANCY	2.2 NAME	
STREET ADDRESS	4111 OAK TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Leland A. Brown. 4-28-99 561-966-4656

Date

Daytime Phone #

CR2E034 (1/98)