FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000046091 (2) **DOCUMENT #**

TASSO	tti's, in	ICORPORATED											ı
Principal Place	of Business		Ma	ailing Address					1 7001/1001 (18 707/4 010/7 00/7) 89/	ii go ili go ili i	NEGO OMAK O	 	#III
4701 HIGHWAY 98 EAST UNIT C-102A DESTIN FL 32541				4701 HIGHWAY 98 EAST									
				UNIT C-102A Destin FL 32541									
									3. Date Incorporated or Qualified 06/16/1994		te of Last 04/18/ 1		
2. Principal Place of Business			·	2a. Mailing Address					4. FEI Number		L	Applied For	
21			26					59-3259183 Not Ap					
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additiona ee Required	d	
City & State				City & State				6. Election Campaign Financing		\$5	.00 May Be		
23			28									ded to Fees	
Zip		Country	-==1	Ζιρ		untiy			8. This corporation has liability to	intangible s No	tax under	s 199.032.	
24	6 Name	and Address of Cur	29	tored Agent	30	T		 i	Flonda Statutes Ye 10. Name and Address of New				
	g, Name	BIIO Addiess Of Col	Terr regra	teres Agent		81	Name		IO, Italio and Address of Item	Togistered	Agent		
RARTH.	JAMES C					82		Address	s (P.O. Box Number is Not Accepta	blo)			
Barth, James C 400 South Shore Drive Destin Fl 32541						Sireei		S (F.O. BOX NOT BOTTON S					
DESTIN	FL 32541					83							
						84	City			FI	85	Zip Code	
or registers famikar wit SIGNATURE _	ed agent, or h, anki acce		lorida Such Section 607.	n change was author 0505, Florida Statute	ized by the	corp	oration's	board	ion submits this statement for the poof directors. Thereby accept the app				
12.			AND DIREC		13.		,		ADDITIONS/CHANGES TO OF		ID DIREC	TORS IN 12	
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NAME		tti, leslie ann			124	ΙΑΜΈ							
STREET ADDRESS		ighway 98 east,	UNIT C-1	02A	135	THEFT	ADDRESS						
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6.6 CITY- \$1-7!P

14. I do hereby cert fy that the information supplied with this fing is voluntarily furnished and does not qually 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 cath; 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:

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5/15/96 (904) 654-5141