

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000053855 (0)

1. Corporation Name
TACK I, INC.



Principal Place of Business

**4730 N.W. BOCA RATON BLVD.
BOCA RATON FL 33431-4876**

Mailing Address

**4730 N.W. BOCA RATON BLVD.
BOCA RATON FL 33431-4876**

2. Principal Place of Business

21 **TACK I, INC** STE 110
State, Apt. #, etc.

22 **185 N.W. Spanish River Blvd**
City & State

23 **Boca Raton, FL**
City

24 **33431-4876** 25 **USA**
Zip Country

2a. Mailing Address

26 **TACK I, INC** STE 110
State, Apt. #, etc.

27 **185 N.W. Spanish River Blvd**
City & State

28 **Boca Raton, FL**
City

29 **33431-4876** 30 **USA**
Zip Country

9. Name and Address of Current Registered Agent

**BLASLAND, BOUCK & LEE, INC.
4730 N.W. BOCA RATON BLVD.
BOCA RATON FL 33431-4876**

3. Date last reported or Quoted

07/15/1994

3a. Date of Last Report

05/01/1995

4. FEE Number

16-1314623

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 194.032
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **Blasland, Bouck & Lee, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)
185 N.W. Spanish River Blvd

83 **Boca Raton**

84 **FL** 85 Zip Code **33431**

11. Pursuant to the provisions of Sections 601, 602, and 603, Florida Statutes, the above named corporation hereby certifies that the payment 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, that it hereby accepts the appointment as registered agent, I am familiar with, and accept the obligations of Section 602.03(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D BLASLAND, WARREN V JR.**
STREET ADDRESS **2667 N. OCEAN BLVD.**
CITY, ST, ZIP **BOCA RATON FL 33481**

TITLE ☒ DELETE

NAME **D GURLEY, KAREN L**
STREET ADDRESS **P.O. BOX 810668 N/A**
CITY, ST, ZIP **BOCA RATON FL 33481**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this report is true and correct, and does not contain any false or misleading information. I further certify that the information indicated on this report, report or supplemental report is true and correct, 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, and that the report is required by Chapter 600, Florida Statutes, and that my name appears in Block 12 or Block 13. I change or correct any information on this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

None

CR2E034 (12/95)