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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	Ħ
1. Corporation Name	

P94000074367 (1)

STEVE TAGRIN ENTERPRISES, INC.

Principal Place of Business 206 W 21ST ST HALEAH FL 33010		Mailing Address	Mailing Address						
		206 W 21ST ST Hialeah Fl 33010							
					`	 Date Incorporated or Qualified 10/10/1994 	3a. Date 0	of Last Re 5/01/19	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied For
1	0.000	26				65-0531442			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State		-		Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ziρ	Country 25	Zip 29	30 Coi	untry			□ No		199.032,
4	9 Name and Address of Curre	<u> </u>		1		10. Name and Address of New R	legistered A	gent	
	g. Name and Address of Carre			81	Name				
DEDI OI	W MEEDEV M					dress (P.O. Box Number is Not Acceptab	ile)		
PEHLUY	V, JEFFREY M	TEC DA		82	Street Ac	idress (F.O. Box Number is Not Acceptate	mo,		
	REY M PERLOW & ASSOCIA	IES PA		83	L				
	HALLANDALE BEACH BLVD							1271 3	- O
HALLAN	idale fl 33009			64	City		FL	85 Zıç	p Code
CIONATUDE	ignative, typed or protect name of registered ag-					poration submits this statement for the published of directors. Thereby accept the applications are twenty accept the applications are twenty accept the applications.	DATE		
12.	OFFICERS A	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFF	FICERS AND	X Change	DRS IN 12
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NAME	tagrin, sateve		1.2	NAME		TAGRIN, STEVE			
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CITY-ST-ZIP	HIALEAH FL 33010		.1.4	CHY-:	ST-ZIP	HIALEAI, FL 330		7 Change	☐ Addition
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14. I do herety certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 coatr, that I am an officer or director of this 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 postpattarchiment with an address.

5.2 NAME

6 1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 City-ST-ZiP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4.2596

305-865-1601