

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000093848 (7)

1. Corporation Name
TAMARAC BUSINESS CENTER, INC.



Principal Place of Business
3321 SW 15TH ST
POMPANO BEACH FL 33069

Mailing Address
3321 SW 15TH ST
POMPANO BEACH FL 33069-4808

3. Date Incorporated or Qualified
12/27/1994

3a. Date of Last Report
03/04/1996

2. Principal Place of Business
21 2005 W. CYPRESS CREEK RD

2a. Mailing Address
26 2005 W. CYPRESS CREEK RD

4. FEI Number
65-0559515

Applied For
Not Applicable

Suite, Apt. #, etc.
22 SUITE: 202

Suite, Apt. #, etc.
27 SUITE: 202

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 FT. LAUDERDALE, FL

City & State
28 FT. LAUDERDALE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 33309

Country
25 BROWARD

Zip
29 33309

Country
30 BROWARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLAND, MICHELLE
150 W FLAGLER ST
2200 MUSEUM TOWER
MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BUTTERS, NATHAN
3321 SW 15TH ST
POMPANO BEACH FL 33069

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2005 W. CYPRESS CREEK RD, SUITE:202
FT.LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BUTTERS, SAMUEL
3321 SW 15TH ST
POMPANO BEACH FL 33069

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
2005 W. CYPRESS CREEK RD., SUITE:202
FT.LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-97 (954) 771-5056

CR2E034 (9/96)