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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED May 06 1997 8:00am Secretary of State

TADCO, INC. Principal Place of Business 399 W PALMETTO PARK ROAD SUITE 200 BOCA RATON FL 33427-2916 BOCA RATON FL 33427-2916 POUCUMENT # P94000094284 (4) Mailing Address 399 W PALMETTO PARK ROAD SUITE 200 BOCA RATON FL 33432-3760											
								3. Date Incorporated or Qualified 12/30/1994		ate of Last F /01/1996	Report
	Place of Busines	s	-	ailing Address	·			4. FEI Number	<u></u>		pplied For
Suite, Apt	# 646		26	rite, Apt. #, etc.				65-0551860			ot Applicable
22 Suite, Apr	#, UIG.		27	nie, Apr. π, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	ite			ty & State		· · · · · ·		6. Election Campaign Financing		\$5.00	May Be
23			28		·			Trust Fund Contribution		Added	to Fees
7ip 24	25	Country	Zij	p	30 Cou	ntry		This corporation has liability for Florida Statutes		e tax under s □ No	s. 199.032,
[4]		d Address of Cur.	29 rent Registere	ed Agent	130]		······································	10. Name and Address of New R			
TADDEL THEODORE R						B1 Na	ne				
		O PARK ROAD S	SUITE 200		ł	82 Str	et Addre	ess (P.O. Box Number is Not Accepta	ble)		
ВО	ica raton fl	. 33427-2916			}	63		· · · · · · · · · · · · · · · · · · ·	·		
					ì						
					Ī	84 Cit	<i>/</i>		FL	85 Zip	Code
			Carrier of O.	Such change was	authorized	by the	corporati	ion's board of directors. I hereby acce	pt the ap	pomment as	
SIGNATURE		printed name of registered	agent and tide if ap	oplicable (NC	OYE: Registered			oration submits this statement for the ion's board of directors. I hereby accended when reinstating)	DATE		
SIGNATURE	Stonature, typicf or p	printed name of registered		pplicable (NO	OYE: Registered	Agent sign		<u></u>	DATE	D DIRECTO	RS IN 12
SIGNATURE	Signature, typicf or p	printed name of registered OFFICERS /	agent and tide if ap	oplicable (NC	OYE: Registered	Agent sign		ed when reinstating)	DATE		
SIGNATURE 12. 1ITLE	PSTD TADDEI, TH 399 W PAL	OFFICERS A MECODORE R METTO PARK RI	AND DIRECTO	ORS DELETE	13. 1.1 TIT	Agent sign	ature require	ed when reinstating)	DATE	D DIRECTO	RS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR