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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500005267 (6)

FILED Jan 23 1998 8:00am Secretary of State

TARPO	N CENTER PROPERTIES, IN	IC.			
Principal Plac	e of Business	Mailing Address			181 <b>5</b> 1116 11818 <b>6</b> (1)( 1881 1881
833-B NORTH TAMIAMI TRAIL 633-B NORTH TAMIAMI TR NOKOMIS FL 34275 NOKOMIS FL 34275			MAIL	DO NOT WRITE IN THIS	: SPACE
				3. Date Incorporated or Qualified	
<u> </u>	_			01/26/1995	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 776		26 476A LA	79UNA Dr	65-0556982	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	/	5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Continuate of Status Desired	Fee Required
City & State	Lee Florion	28 / R State	FLARIOR	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24 3428	5 25 SARA		30 SARA	Personal Property Tax due June 30.	Yes No
···	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
BERG, SKIP					
1872 S. TAMIAMI TRAIL			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE D					
VEI	VICE FL 34293		83		
·			84 City	1494	85 Zip Code
				FL	_
11. Pursuant to office or reasont. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607,1508, Florida Statute of Florida, Such change was au tions of Section 607,0505, Flori	s, the above-named corpora ithorized by the corpora ida Statutes	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE					
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable (NOTE	Registered Agent signature requi	red when reinstaling) DATE	
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TYTLE		☐ Change ☐ Addition
NAME	Knuckles, Jeffrey J		1.2 NAME		
STREET ADDRESS	633-B NORTH TAMIAMI TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 34275		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CORZILIUS, MAX W		2.2 NAME		
STREET ADDRESS	1000 LAGUNA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		2. 4 CITY+ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BALDINGER, ROGER L		3.2 NAME		
STREET ADDRESS	932 S. GONDOLA DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293	FT proper	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		The sec	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Driete	5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		L Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4. I 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 frustee 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.

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