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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030849 (0)

MIKE D. TAGG, INC.

FILED Apr 21 1997 8:00am Secretary of State



Principal Place of Bu	siness	Mailing Addr	oss					
5261 6TH AVE S.W. NAPLES FL 33999		5261 BTH AVE NAPLES FL 34						
MAPLED IL 33888		NAPLES FL 34	119-3919					
한 기회 						3. Date Incorporated or Qualified 04/17/1995	3a. Date of Las 05/01/1996	
2. Principal Place of 21	Business	2a. Mailing Ad 26	ddress			4. FEI Number 65-0574651	·	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt	. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State		City & Sta	te			Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees
Zip	Country	Zip	<u></u> ⊢	Country	y	8. This corporation has liability for in		r s. 199.032,
24	[25] Name and Address of Curi	29	30			Florida Statutes 10. Name and Address of New Reg	Yes XNo	
TAGG, MIK		ient negletered Agei		81	Name	10. Name and Address of New Met	listelen Wallt	
5261 8TH								
NAPLES FL				82	Street Add	lress (P.O. Box Number is Not Acceptabl	e)	
				83				
				84	City		- 85 Z	ip Code
Md. Discussion to the s	revisions of Continue CO2 C	f 00 and 007 \$600. Ft	adda Otat dan dha			and a substitution of the state	FL °° °	
office or register.	ed egent or both in the Sta	ate of Florida, Such et	range was authori	zed h	v the cornora	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing the appointment	as registered
₽	liar with, and accept the ob	ligations of, Section 6	07.0505, Florida S	Statute	S.			
SIGNATURE Signature	e, typed or printed name of registered	scool and title if sun cable	/NOTE: Florier	torod An	ent signature requi	ired when reinstating)	DATE	
12.		AND DIRECTORS		3.	on ag krote toda	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE D		·		1 TITLE	T		Chang	
	3, MIKE		1.3	2 NAME				
STREET ADDRESS 5261	8TH AVE SW		13	3 STREET	T ADDRESS			
CITY-ST-ZIP NAPL	ES FL 33999		1.0	4 C/TY-5	ST-ZIP			
TITLE				1 HTLE		· · · · · · · · · · · · · · · · · · ·	Chang	e Addition
NAME :			2.3	2 NAME				
STREET ADDRESS			2.5	3 STREET	T ADDRESS			
CITY-ST-ZIP			2.	4 CITY-	ST - ZIP			
TITLE				1 TITLE			☐ Chang	e 🔲 Addition
NAME			3.3	2 NAME				
STREET ADDRESS			3.3	3 STREET	I ADDRESS			
CITY-ST-ZIP			3.4	4 CITY-	S1-7IP			
TITLE A	AND ASSESSMENT OF A LOCAL TOP		DELETE 4.	1 TITLE			☐ Chang	e 🔲 Addition
NAME			4.	2 NAME				
STREET ADDRESS			4.3	3 STREE 1	ADDRESS			
CITY-ST-ZIP				4 CITY - S	ST-ZIP			
TITLE			DELETE 5.1	1 TITLE	ĺ		Chang	c Addition
NAME 7			5.2	2 NAME				
STREET ADDRESS			5.3	3 STREET	ADDRESS			
CITY-ST-ZIP				4 CITY - S	ST-ZIP		··· / ···	———
TITLE		LJ	DELETE 6.1	1 TITLE			☐ Chang	e
NAME			•	2 NAME				
STREET ADDRESS			63	3 STREET	ADDRESS			
CITY-ST-ZIP	full at the defendance	0 - 21 - 101 - 20 - 29 - 1		4 CITY - S		d in Spotion 110 07/21/i) Florida Statutos	14.36.2	-4 4b -
THE LOW DOLODY April	na ingt tha intathibahan eugn	upon with this files a doc				a in Spolion 110 H7/37(i) Elozida Statutoc	a ruribor portificito	

6. 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

Michael Hor

INNIHOUSE OFFICE 9-17

2-17-97

941-25246472