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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P95000037834 (5)

DOCUMENT # P950003

1. Corporation Name

T & B SUCCESS, INCORPORATED

DBA MEGATAN, INC.

Principal Place of Business 8426 WEST OAKLAND PARK BLVD.

Mailing Address



8426 WEST OAKLAND PARK BLVD. Sunrise FL 33351		8426 WEST OAKLA Sunrise FL 33351	ND PARK BLVD.		
				3. Date Incorporated or Qualified 3a. Date 05/11/1995	of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0584271	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & Stat	le .	City & State		6. Election Campaign Financing	\$5.00 May Be
23] Zip	- 28			Trust Fund Contribution	Added to Fees
24	25	7 _{ip}	Country	8. This corporation has liability for intangible ta	klunderis 199.032,
	9. Name and Address of Cu	[29]	30	Florida Statutes Yes No	
		The state of the s	81 Name	10. Name and Address of New Registered A	igent
RABIA	D. BOBBY N				
8426 WEST OAKLAND PARK BLVD.			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)	
	SE FL 33351		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 (0502 and 607 1508 Elevid a Stat	the the chair man de	FL progration submits this statement for the purpose of char	
				orporation submits this statement for the purpose of char board of directors. Thereby accept the appointment as i	nging its registered office registered agent. I am
•	ith, and accept the obligations of, s	Section 607.0505, Florida Statul	es.		
SIGNATURE	Signature ityreal or printed name of registered	attent at : Unlout avail nable	(NOTE: Bi gistereit Agent signat zu	Gepared Where redustating? PATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTODS IN 16
TITLE	D	DELETE	1 1 TITLE	No.	
NAME	BAILLIO, BOBBY G II		1.2 NAME	I BRICEIU, 1700IU F CO ALL	
STREET ADDRESS	2100 NE 55 COURT		1.3 STREET ADDRESS	7345 NW 445+ Ap+ 40 Landerhill F1 33:	1
CITY-ST-ZIP	FI-LAUDERDALE FL-333	108	1.4 CITY - \$1.70	1373 10 10 4731 1191 40	319
TITLE		DELETE	2 1 TITLE	LAKETTIII F 1 33.	Change Addition
NAME		-	2.2 NAME		Change [Addition
STREET ADDRESS			2 3 STREET ADDRESS		
CiTY-ST-ZIP			2.4 CITY ST - ZIP		
TITLE		DELETE	3 1 TIFLE	F-	Change Addition
NAME	1	*****	3.2 NAME	<u></u>	Collange
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST- 7IP			3.4 CHTY - ST - ZIP		
T:TLE		DELETE	4 1 TITLE		Change
NAME			4.2 NAME	L.:	Cusude
STREET ADDRESS					
	}		■ 43 STREET ADDRESS		
CITY - ST - ZIP	<u> </u>		4.3 STREET ADDRESS	.20000182438	32
		DELETE	4 4 CITY - S 1-31P	20000182438 -05/16/960103803	Change T Addition
TITLE		☐ DELETE	•	20000182438 -05/16/96010380 <u>3</u> ***200.00	2 Change Addition
TITLE NAME		DELETE	4 4 CITY - S BP 5 1 TILE , 5 2 NAME	20000182436 -05/16/96010380 <u>3</u> ***200.00	2 Change Addition
TITLE NAME STREET ADDRESS		DELETE	4 CITY - S WHP 5 1 TILE 5 2 NAME 5 3 STRELT ADDRESS	_20000182436 -05/16/96010380 <u>3</u> ***200.00	B2 Change Addition
TITLE Name Street address City-St-Zip		☐ DÉLÉTE	4 4 CITY - S	***200.00	
TITLE NAME STREET ADDRESS CATY - ST - ZIP TITLE			4 C CITY - S - 34P - 5 1 TITLE , 5 2 NAME . 5 3 STRELT ADDRESS . 5 4 CITY - ST - ZIP . 6 + TITLE	***200.00	Change Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS			4 4 CITY - S - 34P - 5 1 TITLE 5 2 NAME 5 3 STRELT ADDRESS 5 4 CITY - ST - ZIP 6 + TITLE 6 2 NAME	***200.00	Gl
TITLE NAME STREET ADDRESS C/TY+ST+ZIP TITLE NAME			4 C CITY - S - 34P - 5 1 TITLE , 5 2 NAME . 5 3 STRELT ADDRESS . 5 4 CITY - ST - ZIP . 6 + TITLE	***200.00	Gl

4. To hereby 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 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:

ENATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR