## 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

## P95000045995 (4)

TAMAT	U PROFESSIONAL ASSO	CIATES, INC.				
Principal Plac	e of Business	Mailing Address	<del></del>			. Ediki bidek dilim inkin inini diki in
•		4800 N. FEDERAL HIGH	WAV		}	
4800 N. FEDERAL HIGHWAY SUITE 300-D 4800 N. FEDERAL HIGHWAY SUITE 300-D			mai			
BOCA RATOR	I FL 33431	BOCA RATON FL 33431			DO NOT WRITE I	N THIS SPACE
					3. Date Incorporated or Qualified	
					06/14/1995	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied F
21		26			65-0590241	Not Appli
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition
22		27				Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May B
23		28	7 77		Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Country	,	8. This corporation owes or has paid	
24	25 Name and Address of Curr	29	30		Personal Property Tax due June 3 10. Name and Address of New Reg	70,
		ent negistereo Agent	81	Name	10. Name and Address of New Neg	ISTOIGH AUGUS
	IEDMAN, LAWRENCE B		"	Name		
	00 N. FEDERAL HIGHWAY		82	Street Addr	ress (P.O. Box Number is Not Acceptable	<del>)</del>
	IT 300-D		83	<del> </del> -		
BO	CA RATON FL 33431		03			
			84	City		- 85 Zip Code
		·	1	<u> </u>	poration submits this statement for the pution's board of directors. I hereby accept	_FL   ~
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and little if applicable. (NO AND DIRECTORS	TE Registered Apr	ent signature requi	ried when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
TIFLE	P	☐ DELETE	1.1 TITLE		7100110107011111020 10 011102	Change A
NAME	FRIEDMAN, LAWRENCE B		1.2 NAME			
STREET ADDRESS	4800 N. FEDERAL HIGHWA	Y-SUITE 300-D	1.3 STREET	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431	.,	1.4 CITY - 5			
TITLE	S/T	DELETE	2.1 TITLE	)1-24		Change A
NAME	FRIEDMAN, BARRY S	_	2.2 NAME			<del></del>
STREET ADDRESS	4800 N. FEDERAL HIGHWA	Y-SHITE 300-D	2.3 STREET	ADORESS		
CITY-ST-ZIP	BOCA RATON FL 33431		2. 4 CITY -			
TITLE		DELETE	3.1 TITLE	V- LII		Change A
NAME		_	3.2 NAME			_ <del>.</del>
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	1		
TITLE		DELETE	4.1 TITLE	#1 <b>\$.</b> 11		☐ Change ☐ A
NAME		<del>_</del> · ·	4. 2 NAME			·
STREET ADORESS			4.3 STREET			
CITY-ST-ZIP			44 City-S			
TITLE	<del> </del>	DELETE	5.1 TITLE			☐ Change ☐ Ac
NAME		<del></del>	5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S		•	
TITLE		DELETE	6.1 TITLE	11-611		Change A
NAME		<u></u>	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
DIRECT ADDRESS			0.3 51MbE1	MUUHEDO		

SIGNATURE:

14. Thereby certify that the information supplied with this filing does not indicated on this annual report or supplemental annual report is true officer or director of the corporation or the sceiver or trustee empt. Block 12 or Block 13 if changed, or on an attachment with an addir

if for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information faccurate and that my signature shall have the same legal effect as if made under oath; that I am and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

(561) 394-8285

**FILED** 

Mar 23 1998 8:00am

Secretary of State