


FILED

Sep 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000064538 (8) 1. Corporation Name TAIT ENGINEERING, INC.		

Principal Place of Business	Mailing Address
4073 MAHOGANY RUN SE WINTER HAVEN FL 33884 US	4073 MAHOGANY RUN SE WINTER HAVEN FL 33884 US

2. Principal Place of Business		2a. Mailing Address	
21	501 Blair Stone rd Suite, Apt. #, etc. #1303 City & State Tallahassee FL Zip 32301	26	501 Blair Stone rd Suite, Apt. #, etc. #1303 City & State Tallahassee FL Zip 32301
	Country USA		Country USA

9. Name and Address of Current Registered Agent		81	Name
MARVIN, CARRIE ANNE 4073 MAHOGANY RUN SE WINTER HAVEN FL 33884		82	Street Address
		83	
		84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Hogan Taib, President Hogan Taib

Statewide Board of Certified Public Accountants and Title Insurance Agents (NOTICE: Registered Agent signature required)

12 OFFICERS AND DIRECTORS 12

OFFICERS AND DIRECTORS			
12.			13.
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	MARVIN, CARRIE A.		1.2 NAME
STREET ADDRESS	4073 MAHOGANY RUN SE		1.3 STREET ADDRESS
CITY - ST - ZIP	WINTER HAVEN FL		1.4 CITY - ST - ZIP
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	TAIT, HOGAR S.		2.2 NAME
STREET ADDRESS	501 BLAIRSTONE ROAD #321		2.3 STREET ADDRESS
CITY - ST - ZIP	TALLAHASSEE FL		2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 08/18/1995	3a. Date of Last Report 04/18/1996

4. FEI Number	Applied For
59-3339467	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

gar S. Tait
ss (P.O. Box Number is Not Acceptable)
air Stone rd #1303

hahasssee FL 85 Zip Code 32301

I, Tait, President 8/11/97
Date

ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS IN 19

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

President gar Tait Blair Stone rd. #1303 allahassee FL 32301	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
gar Tait gar Tait 25 DeVra Dr M. FL. 32303	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. 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 H. G. THAYER DATE 8/10/97

CR2E034 (4/97)