

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000065330 (9)**

1. Corporation Name

**TATOO INVESTMENTS FLORIDA INC.**



Principal Place of Business Mailing Address  
**COLE, CORETTE & ABRYTIN**  
**805 15TH STREET, NORTHWEST, SUITE 900**  
**WASHINGTON DC 20005**

3. Date Incorporated or Qualified <b>08/22/1995</b>		3a. Date of Last Report	
4. FET Number <b>59-3331330</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 <b>5120 Pinelake Road</b>		26 Suite, Apt. #, etc.	
22 City & State <b>Wesley Chapel, Florida</b>		27 City & State	
23 Zip <b>33543-4459</b>	25 Country <b>USA</b>	29 Zip	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filing filer (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>President &amp; Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIMITROV, KONSTANTIN</b>	1.2 NAME	<b>Dimitrov, Konstantin</b>
STREET ADDRESS	<b>805 15TH STREET, N.W., SUITE 900</b>	1.3 STREET ADDRESS	<b>5120 Pinelake Road</b>
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>	1.4 CITY-ST-ZIP	<b>Wesley Chapel, Florida 33543-4459</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President &amp; Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Dimitrova, Alexandra K.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>5120 Pinelake Road</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Wesley Chapel, Florida 33543-4459</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Director</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Dimitrov, Konstantin</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>5120 Pinelake Road</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Wesley Chapel, Florida 33543-4459</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 true 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, on an attachment with an address.

SIGNATURE:

*Konstantin Dimitrov*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Konstantin Dimitrov, President**

02/07/96

Date

813-973 7438

Daytime Phone #

CR2E034 (12/95)