

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000070778 (2)**

1. Corporation Name
TABEBUIA, INC.



Principal Place of Business

**417 LAKEVIEW DRIVE #102
FT LAUDERDALE FL 33326**

Mailing Address

**417 LAKEVIEW DRIVE #102
FT LAUDERDALE FL 33326**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

09/12/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

g. Name and Address of Current Registered Agent

**HAIRE, BENJAMIN H
5100 W COPANS ROAD #900
MARGATE FL 30063**

10. Name and Address of New Registered Agent

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 607.0902 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
D PARKER, BARBARA
STREET ADDRESS
417 LAKEVIEW DRIVE #102
CITY, ST, ZIP
FT LAUDERDALE FL 33326

2. TITLE ☐ DELETE

NAME
D PARKER, BARBARA
STREET ADDRESS
417 LAKEVIEW DRIVE #102
CITY, ST, ZIP
FT LAUDERDALE FL 33326

3. TITLE ☐ DELETE

NAME
D PARKER, BARBARA
STREET ADDRESS
417 LAKEVIEW DRIVE #102
CITY, ST, ZIP
FT LAUDERDALE FL 33326

4. TITLE ☐ DELETE

NAME
D PARKER, BARBARA
STREET ADDRESS
417 LAKEVIEW DRIVE #102
CITY, ST, ZIP
FT LAUDERDALE FL 33326

5. TITLE ☐ DELETE

NAME
D PARKER, BARBARA
STREET ADDRESS
417 LAKEVIEW DRIVE #102
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6. TITLE ☐ DELETE

NAME
D PARKER, BARBARA
STREET ADDRESS
417 LAKEVIEW DRIVE #102
CITY, ST, ZIP
FT LAUDERDALE FL 33326

7. TITLE ☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

**DIRECTOR, PRESIDENT,
TREASURER**

☒ Change ☐ Addition

SECRETARY

**LAURA PARKER
416 LAKEVIEW DR, #102
FT. LAUDERDALE, FL 33326**

☐ Change ☒ Addition

4000001710024

-02/20/96-01025-014

****\$200.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

52.20

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, 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:

Laura Parker, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96
Date

(954) 389-9101
Daytime Phone #

CR2E034 (12/95)