

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000071895 (3)

1. Corporation Name
TAMARINDO, INC.

FILED
97 AUG -5 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
142 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32831

Mailing Address
630 N. ATLANTIC AVE #9
COCOA BCH. FL 32831

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/14/1995

3a. Date of Last Report

07/02/1996

4. FEI Number

59-3350215

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIS, LEIGH E
630 N. ATLANTIC AVE #9
COCOA BEACH FL 32831

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS ELLIS, LEIGH E
CITY-ST-ZIP 630 NORTH ATLANTIC AVENUE #9
COCOA BEACH FL 32831

TITLE ☐ DELETE
NAME V
STREET ADDRESS NIXON, CHRIS A
CITY-ST-ZIP 310 SANDLEWOOD LN
BOCA RATON FL 33487

TITLE ☐ DELETE
NAME ST
STREET ADDRESS NIXON, SUSAN L
CITY-ST-ZIP 310 SANDLEWOOD LN
BOCA RATON FL 33487

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P
1.3 STREET ADDRESS 900002262473--6
1.4 CITY-ST-ZIP -08/08/97-01142--025
****165.00 ****165.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E034 (4/97)

2012



Dear Division of Corporations,
Please accept this check in the
amount of \$165.00 and our yearly
filing.

To let you know, this is the
second year in a row that a "2nd
Notice" has been mailed to me,
when we never received a first.
I don't know why this is happening -
it would surely be in my best
interest to file on time - and I
would if I was notified.

Please contact me if there
are any questions about this. Thanks
for your consideration.

142 NORTH ATLANTIC AVENUE
COCOA BEACH, FLORIDA

(407) 868-0013

Sincerely,
Leif R. Ellis
Pres.