

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90002 036 ***150.00

DOCUMENT # **P95000072172**

1. Corporation Name

TAMCO ASSOCIATES, INC.



Principal Place of Business

**7040 W PALMETTO PARK DRIVE SUITE 375
BOCA RATON FL 33433**

Mailing Address

**7040 W PALMETTO PARK DRIVE SUITE 375
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1995

2. Principal Place of Business

21 ~~PM-B-375~~

Suite, Apt. #, etc.

22 **7040 W. Palmetto Park Rd. #4**

City & State

23 **Boca Raton FL**

Zip

24 **33433**

Country

25 **USA**

2a. Mailing Address

26 ~~PM-B-375~~

Suite, Apt. #, etc.

27 **7040 W. Palmetto Park Rd. #4**

City & State

28 **Boca Raton FL**

Zip

29 **33433**

Country

30 **USA**

4. FEI Number

65-0616364

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MAURER, JANI E

**1489 W PALMETTO PARK ROAD SUITE 440
BOCA RATON FL 33431**

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 607.0502 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 **VTD** ☐ DELETE

NAME **TAMACCIO, ANTHONY V**

STREET ADDRESS **7955 VILLA NOVA DRIVE**

CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PSD** ☐ DELETE

NAME **TAMACCIO, MICHAEL**

STREET ADDRESS **3641 NW 24 TERRACE**

CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/99

561-750-1105

CR2E034 (5/99)

P45000072172

590830-90002-36

TAMCO ASSOCIATES, INC.

PMB 375

7040 W. PALMETTO PARK RD. #4

BOCA RATON, FL 33433

(561) 750-1103

July 13, 1999

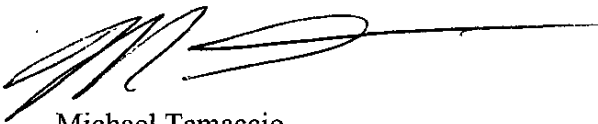
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs,

Enclosed, please find a copy of the receipts of your receiving my annual reports filling fee on March 17, 1999.

Also enclosed, please find my second check mailed to you in the amount of \$150.00.

Thank you,



Michael Tamaccio
Tamco Associates, Inc.

2 121 025 529

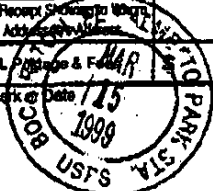
P95000072170

590830-9002-36

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to <i>Div of Corp. Annual RPT. Filings</i>	
Street & Number <i>P.O. Box 1500</i>	
Post Office, State, & ZIP Code <i>TALLAHASSEE FL 32302-1500</i>	
Postage	\$ <i>.33</i>
Certified Fee	<i>1.40</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<i>1 25</i>
Return Receipt Showing to Whom, Date, & Address (See Reverse)	
TOTAL Postage & Fees	<i>2.28</i>
Postmark or Date	<i>15 1998</i>

PS Form 3800, April 1995



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*DIVISION of CORP.
 ANNUAL REPORTS FILINGS
 P.O. Box 1500
 TALLAHASSEE, FL 32302-1500*

4a. Article Number

2-121-025-529

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☒ Certified
- ☐ Insured

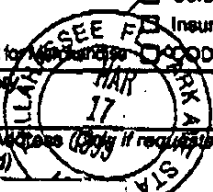
7. Date of Delivery

17

5. Received By: (Print Name)

Matt Bryant

8. Addressee's Address (Only if requested and fee is paid)



Thank you for using Return Receipt Service.

Return Receipt