COND 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** 

## OCUMENT # P95000077694

T.A.C. ENTERPRISES, INC., OF POMPANO

## **FILED** Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90016 029 \*\*\*150.00



nainal Dlag	e of Business	Mailing Address				-	MATERIA MATERIA SA AREA	ibuth fitth latti bidi labi
•		•						
ALADDIN I		3415 ALADDIN WAY POMPANO BEACH FL 33069						
IPANO BEACH FL 33069		US				DO NOT WRITE IN THIS SPACE		
		••				3. Date Incorporated or Qualified		
						10/10/1995		
Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
Throipar Face of Eddiness		26				65-0612114		Not Applicable
Suite, Apt. #, etc.		- Suite, Apt. #, etc.				\$8.75 40		\$8.75 Additional
					•	5. Certificate of Status Desired Fee Required		
City & State	Δ	City & State				6. Election Campaign Financing		\$5.00 May Be
· · · · · · · · · · · · · · · · · · ·		28	<del></del> , .			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	intry		This corporation owes the current	t vear	710000 10 1 000
r	25	<b>⊢</b> ' ⊦	30			Intangible Personal Property.		res No
	9. Name and Address of Current		30	I		10. Name and Address of New Re		
	o. Harro and Addition of Garron	rtogistarou rigant		81	Name		<b>55</b>	
CON	DEN, THOMAS A							
3415	ALADDIN WAY			82	Street Addre	s (P.O. Box Number is Not Acceptable)		
POM	PANO BEACH FL 33965			83				
	33069 -	122		83				
	33.3	.,		84	City	4		35 Zip Code
		-					FL	
- Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes	the ab	ove-r	amed corporation	ation submits this statement for the pur n's board of directors. I hereby accept	oose of chang	ging its registered
agent. I a	am familiar with, and accept the obliga	tions of, section 607.0505, Flor	ida Stat	tutes.	ne corporado	in a board of directors. Thoroby decept	ина арропнин	one do rogistoros
SNATURE .								
	Signature, typed or printed name of registered agent			ened Age	ent signature requir	red when reinstating)	DATE	
	OFFICERS ANI	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND I	
E	PD	L DELETE	1.1 Ti	TLE			لسا	Change
E	COWDEN, THOMAS A		1.2 NA	AME	İ			
EET ADDRESS			1.3 STREET ADDRESS		DDRESS			
-ST-ZIP	POMPANO BEACH FL		1.4 CI	TY-ST-Z	ZIP			
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E			6.2 NA	AME				1
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-ST-ZIP			6.4 CI	TY-ST-Z	ZIP			

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 of 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 an attachment with an address.

**IGNATURE:** 

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T.A.C. EnTerprises Inc. of Pompano Bch. # 65-06/21/4

Dear Dept of State;

for my '99 corporate annual report.

changes, I have yet to recieve my

You will find my records To show I have always paid my Taxes and fees early and in full.

your assistance in This matter is greatly appreciated.

Thomas A. Cowden

3415 Atadein Way

Pompano Beh. Fl

Signed