

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000079914 (4)

1. Corporation Name

TAMCO PRODUCTS INC.

Principal Place of Business

Mailing Address

1129 WEST LAKES DRIVE  
POMPANO BEACH FL 33064

1129 WEST LAKES DRIVE  
POMPANO BEACH FL 33064



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1995

4. FEI Number

65-0613187

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

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

85

Zip Code

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the re-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

☐ DELETE

TITLE PD  
NAME TAMBURRO, DAVID A  
STREET ADDRESS 1129 WEST LAKES DRIVE  
CITY-ST-ZIP POMPANO BEACH FL 33064

☐ DELETE

TITLE STV  
NAME TAMBURRO, DEREK P  
STREET ADDRESS 1129 WEST LAKES DRIVE  
CITY-ST-ZIP POMPANO BEACH FL 33064

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1

1.2

1.3 ADDRESS

1.4 CITY-ZIP

2.1

2.2

2.3 ADDRESS

2.4 CITY-ZIP

3.1

3.2

3.3 ADDRESS

3.4 CITY-ZIP

4.1

4.2

4.3 ADDRESS

4.4 CITY-ZIP

5.1

5.2

5.3 ADDRESS

5.4 CITY-ZIP

6.1

6.2

6.3 ADDRESS

6.4 CITY-ZIP

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6.11

6.12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Addition

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 as 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 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:

*David A. Tamburro*

4-27-98

954-725-9996

CR2E034 (10/97)