Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000080700

Principal Place of Business

TANGOS OF VERO BEACH, INC.

925 BOUGAINVI VERO BEACH F US		1786 LACONIA ST SEBASTIAN FL 32958 US	_ 		DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  ——10/:18/:1995	SPACE		]
0.00	leas of Business	2a. Mailing Address			4. FEI Number	T Ar	plied For	مخت
<u>⊢</u> ¬	lace of Business	26 925 Bougainvill	۵۸ -	lane	65-0634222	<b>⊢+</b>	ot Applicable	i
		inca aute		03 0004222	\$8.75 Additional		ł	
22					5. Certificate of Status Desired	Fee Re	equired	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	ĺ
				DOVA	Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country	. /	8. This corporation owes the current year Int	angible		ł
24	25	29 32963 30		u <u>5</u> _	Personal Property Tax.	Yes	No	1
	9. Name and Address of Curren	t Registered Agent	Ι.		10. Name and Address of New Registered	Agent		
			81	Name				
TENCH, BEN S				Stroot Addr	ess (P.O. Box Number is Not Acceptable)			
1786 LACONIA ST			82	Street Addre	ess (F.O. Box Number is Not Acceptable)			1
SEBASTIAN FL 32958			83					
ļ			LJ	.,,				1
ĺ			84	City	FL	85 Zip	Code	ĺ
44 Dunwort	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes th	e above	-named come	oration submits this statement for the purpose of	changing its	registered	1
) office or n	registered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was author	ized by '	ine comoratio	on's board of directors. I hereby accept the appoint	intment as re	egistered .	
SIGNATURE					when constating DATE			Ĺ
	Signature, typed or printed name of registered ager			signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DPS IN 12	é
12.			13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition	3
TIPLE	D		.1 TITLE	ļ				] :
NAME	TENCH, BEN S		.2 NAME					5
STREET ADDRESS	1786 LACONIA ST	-	.3 STREET	ADDRESS				Ų
CITY-ST-ZIP			.4 CITY-ST	-ZIP				ļģ
TITLE	D	☐ DÉLETE	1 TITLE			☐ Change	Addition	`
NAME	TENCH, JILL R.		2.2 NAME					1
STREET ADDRESS	1786 LACONIA ST	1 2	3 STREET	ADDRESS				
CITY-ST-ZIP	SEBASTIAN FL 32958		2. 4 CITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	΄,	1 3	3.2 NAME	1				
STREET ADDRESS			3.3 STREET	ADDRESS				1
			3.4. CITY-S					
CITY-ST-ZIP			1.1 TITLE	1-28		Change	Addition	1
TITLE		_	L 2 NAME			_ •		}
NAME	₩ 1			ADDDGGG				1
STREET ADDRESS			1.3 STREET					
CITY-ST-ZIP	, ,	4	1,4 CITY-ST	-ZIP				J.

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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP.

SIGNATURE:

TITLE

NAME

πLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

561-231-1550

Change

☐ Change

íÎ

☐ Addition

☐ Addition

**FILED** 

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90068 040 \*\*\*150.00