

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000089075 (2)

1. Corporation Name
TAB ACQUISITION CO.



Principal Place of Business
**777 SOUTH FLAGLER DRIVE
 SUITE 900, EAST TOWER
 W PALM BEACH FL 33401**

Mailing Address
**777 SOUTH FLAGLER DRIVE
 SUITE 900, EAST TOWER
 W PALM BEACH FL 33401-6161**

3. Date Incorporated or Qualified 11/21/1995	3a. Date of Last Report 04/04/1996
4. FEI Number 65-0637742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite Apt. # etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**KAMRADT, RUSSELL T
 777 SOUTH FLAGLER DRIVE
 SUITE 900, EAST TOWER
 W PALM BEACH FL 33401**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ORLANDO, WARREN S	
STREET ADDRESS	980 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33432-2704	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MARINO, JOHN	
STREET ADDRESS	980 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33432-2704	
TITLE	D/VP	<input type="checkbox"/> DELETE
NAME	KILBORNE, DANA	
STREET ADDRESS	980 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33432-2704	
TITLE	D/VP	<input type="checkbox"/> DELETE
NAME	KELLOGG, WARD	
STREET ADDRESS	980 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33432-2704	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	OWENS, JUNE	
STREET ADDRESS	101 N. PLUMOSA STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____ 1/27/97 (561) 392-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)