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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000000413

TALCO AWARDS SHOWCASE, INC.

Principal Plac	ce of Business	Mailing /	Address					1 19011901 112 12/19 0/11/					1885 1111 1881
17 HIGDON COURT 17 HIGDON COURT													
FORT WALTON	I BEACH FL 32547	FORT WA	ilton beach fl	32547				DO NO	T WRITE IN	TUIS	SDACE		
							4	Date Incorporated or Qu		I THIS .	SPACE		•
								01/02/1996	-			,	
2. Principal F	Place of Business	2a. Maili	ing Address					FEI Number					olied For
21		26						59-3349638					Applicable
Suite, Apt.	. #, etc.	Suite 27	, Apt. #, etc.				5.	Certificate of Status Des	ired 🗌		*		dditional quired
City & Sta	ite	City	& State				6.	Election Campaign Fina	ncing		\$ 5.	00 1	May Be
23		28						Trust Fund Contribution					Fees
Zip	Country	Zip		Cou	intry		8.	This corporation owes t	ne current y	ear Inta	ngible		
24	25	29		30				Personal Property Tax.			Yes	i	□No
	9. Name and Address of Cur	rent Registered	Agent		L.,		10.	Name and Address of	New Regis	tered A	gent		
TALL	LENT CLAUDE	·			81	Name							
	LENT, CLAUDE				82	Street Ar	idress (P	O. Box Number is Not A	ccentable)				
	HIGDON COURT					0.100171	,, coo (,	and an investor	45 1. T. (1. 17 14)		C + 45 *** 1	********	1, 25 001 #35
FUH	IT WALTON BEACH FL 32547				83		.,1.		建筑); };			
					84	City	. 17		, , , , ,	FL	85	Zip C	óde
agent. I a	am familiar with, and accept the obl	igations of, Section	on 607.0505, Fla	rida Stati	utes.	•			•			-	1
SIGNATURE	Signature, typed or printed name of registered	agent and title if applica	sble. ' (NOTE		Agent	signature requ	uired when re	einstating)	DA	ATE .			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applica			Agent			einstating) ADDITIONS/CHANGES) DIRE	CTOF	RS IN 12
	Signature, typed or printed name of registered OFFICERS			: Registered							DIRE		RS IN 12
12.	Signature, typed or printed name of registered OFFICERS		RS	Registered	πE								
12.	Signature, typed or printed name of registered. OFFICERS D TALLENT, CLAUDE		RS	13.	TLE VME								
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered. OFFICERS D TALLENT, CLAUDE	AND DIRECTOR	RS	13. 1.1 TII 1.2 N/ 1.3 S7	TLE VME REET/	signature requ							
12. TITLE NAME	Signature, typed or printed name of registered. OFFICERS D TALLENT, CLAUDE 17 HIGDON COURT	AND DIRECTOR	RS	13. 1.1 TII 1.2 N/ 1.3 S7	TLE VME TREET/	signature requ						nge	
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	Signature, typed or printed name of registered. OFFICERS D TALLENT, CLAUDE 17 HIGDON COURT FORT WALTON BEACH FL 3	AND DIRECTOR	RS DELETE	13. 1.1 TI 1.2 N/ 1.3 S7 1.4 CI	TLE TREET/ TY-ST- TLE	signature requ					Chai	nge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered. OFFICERS D TALLENT, CLAUDE 17 HIGDON COURT FORT WALTON BEACH FL 3 D TALLENT, BETTY A	AND DIRECTOR	RS DELETE	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CI 2.1 TII	TLE WHE TREET/ TY-ST- TLE WHE	signature requ					Chai	nge	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP