SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019541 (7)

HURRICANE TAPE, INC.

FILED Sep 15 1997 8:00am Secretary of State



| Principal Place | e of Business | | | Mailing Ad | ddress | | | | | e samirant ein mette berte neter anter anter abint ilfen eftint filnbe ifft tifft tifft |
|-----------------------|-----------------------|-----------------------|-------------------------------------|------------------------|---------|----------------|--|---------------------------------------|----------------------------|---|
| 5540 GREYSTO | 5540 GREYSTON STREET | | | | | | } | | | |
| PALM HARBOR FL 34685 | | | PALM HARBOR FL 34685 | | | | | | DO NOT WRITE IN THIS SPACE | |
| | D. | | | | | | | | | 9 Date Incorporated or Ouglified Se Date of Leat Coney |
| | Plea | ıse | update | addres | ss, | | | | | ve 02/26/1996 |
| 2. Principal Pl | lace of Busines | 6 | | 2a. Mailing | Addro | oss G | n t | 1 me | e . | 4. FEI Number Applied For |
| n 2170 Sunnydale Blvd | | | | 26 2170 Sunnydale Blvd | | | | | lvd | 59-3367770 Not Appl cable |
| Suite, Apt. | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired \$8.75 Additional | | | |
| 22 Suite | 27 Suite V | | | | | | Fee Required | | | |
| City & State | City & State | | | | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| | water | Clearwater FL Country | | | | | | Trust Fund Contribution Added to Fees | | |
| Zip | 766 | Count | • | | | | Coun | ntry | | 8. This corporation owes or has paid the current year Intangible |
| 24 337 | | | .S.A. | | 765 | 3 | 10 U | • 5 | .A. | Personal Property Tax due June 30. Yes No |
| | | | ess of Current | Hegisteren A | gent | | - } ; | 81 | Name | 10. Name and Address of New Registered Agent |
| | RTLOW, DAVID | | | | | | , | ا'' | | Same |
| 4100 |) | | | | B2 | Street Ad | Address (P.O. Box Number is Not Acceptable) | | | |
| TAM | | | | | B3 | | | | | |
| | | | | | | | | 99 | | j |
| | | | | | | | Ī | 84 | City | 85 Zip Code |
| 44 0 | | -770- | | | Fig. 35 | - | | Ц. | | FL S 24 Octo |
| office or re | egistered agent | , or bol | th, in the State o | f Florida, Such | h chanc | ae was au | ithorized | by t | named co he corpor | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered |
| agent. I ar | m familiar with, | and ac | cept the obligat | ions of, Sectio | n 607.0 | 5505, Flori | ida Statu | ites | | |
| SIGNATURE | | | | | | 01077 | | | | required when reinstating) DATE |
| 12. | Signature, typed or p | | ne of registered agent OFFICERS AND | | | (NOTE: | 13. | Agent | signature req | required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: |
| TITLE | D | | | | DEI | LETE | 11 1170 | ŀ | | D Change X Addition |
| NAME | JESTER, TF | NΩV | | | | dress | 1.2 NAA | √E | | - I |
| STREET ADDRESS | 5540 GREY | | STREET | | | | | | | Jester, Froy address 2170 Sunnydale Blvd, Suite V |
| CITY-SI-ZIP | PALM HARI | | | | | | 1.4 CIT | | | Clearwater, FL 33765 |
| TITLE | D | 2411.1 | £ <u>0 1000</u> | | ☐ DEL | E1E | 2.1 TITL | | | D Change Acdition |
| NAME | GOLDBERG | . ROB | FRT | | | | 2 2 NAM | ΜE | l - | Goldberg, Robert |
| STREET ADDRESS | 2570 RIDGE | | | | | | 2.3 S1R | LEET AC | DDRESS | 2170 Sunnydale Blvd, Suite V |
| CITY-ST-ZIP | PALM HAR | | | | | | 2. 4 CIT | | -ZIP (| Clearwater, F1 33765 |
| TITLE | | I | | | DEL | .ETE | 3.1 TITL | | | Change Addition |
| NAME | | | | | | | 3,2 NAN | ΜĒ | | |
| STREET ADDRESS | | | | | | | 3.3 STR | EET AC | DORESS | |
| CITY-ST-ZIP | | | | | | | 3.4. CIT | Y-ST- | ZIP | |
| TITLE | · | | | | DEL | LETE | 4 1 1)11 | | | ☐ Change ☐ Addition |
| NAME | | | | | | | 4. 2 NA | ME | | |
| STREET ADDRESS | | | | | | | 4.3 STR | EET AE | DORESS | |
| CITY-ST-ZIP | | | | | | | 4.4 CIT | Y-ST- | ZIP | |
| TITLE | | | | | DEL | ETE | 5.11(7) | .F | | Change Addition |
| NAME | | | | | | | 5.2 NAM | ΜE | | ` |
| STREET ADDRESS | | | | | | | 5.3 \$1R | EET AE | DDRESS | · |
| CITY-ST-ZIP | _ | | | | | | 5.4 City | Y-ST- | ZIP | |
| TITLE | | | | | ☐ DEL | ETE | 6.1 TITL | .E | | ☐ Change ☐ Addition |
| NAME | | | | | | | 6.2 NAN | ΑE | Į | į |
| STREET ADDRESS | | | | | | | 6.3 STR | EET AC | DORESS | |
| CITY-ST-ZIP | | | | | | | 6.4 CHY | | | |
| | | | | | ···- | | _ | | | |

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 proof as equired 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.