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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023762 (3)

TACK-DAL ENTERPRISE, CORPORATION

Principal Place of Business Mailing Address 1173 NW 184TH WAY 1173 NW 184TH WAY PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0685277 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CURRIE, TONY A B1 Name 1173 NW 184TH WAY 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33029 83 84 City 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change TITLE 1.1 TITLE **CURRIE, TONY A** 1.2 NAME 1173 NW 184TH WAY STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33029 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-Z# DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

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 suppliemental 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.

6.4 CITY-ST-ZIP

3 4. CITY - ST-ZIP

4.4 CITY - ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

City-St-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ACCORESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE NAME

SIGNATURE: TONY A. CURRIE

4-23-98- (954)437-9030

Addition

Addition

\_\_\_ Addition

Change

**FILED** 

May 05 1998 8:00am

Secretary of State