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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997

ORESS

CITY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000029165 (3)

TARANTULA ENTERPRISES, INC.

Principal Place of Business Mallino Address 11129 INDIAN OAKS DRIVE 11129 INDIAN OAKS DRIVE TAMPA FL 33625-4921 TAMPA FL 33625 3. Date Incorporated or Qualified 3a. Date of Last Report 03/26/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3369733 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s. 199.032. Country Zip Country Zip 🔀 Yes 🔲 No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SMITH, NICHOLAS J 11129 INDIAN OAKS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33625** 83 84 Zip Code 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 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's gnature required when reinstating) Signature, typed or printed name of registered agont and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE SMITH, NICHOLAS J 1.2 NAME NAME 11129 INDIAN OAKS DRIVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33625 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 1/1/F TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. # CITY - \$1 - ZIP CITY-ST-ZIP Addition DELETE Change 3.1 100.6 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. City - \$1 - 2iP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 1011.6 NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAM 5.3 STREET ADDRESS STRE DORESS 5.4 CITY - ST - ZIP CITY Addition DELETE Change 6.1 TITLE Tity 6.2 NAME 6.3 STREET ADDRESS

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 imation 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 oal), that an officer or director of the corporation or the receiver or trusteg empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name hars in Block 12 or Block 13 if changed or on an attachment with an address.

6.4 CITY-ST-ZIP

**FILED** 

May 13 1997 8:00am

Secretary of State