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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031299 (6)

TACTICAL BUSINESS SOLUTIONS, INC.

Principal Place of Business

Mailing Address

14780 GLENCAIRN ROAD MIAMI LAKES FL 33016 14760 GLENCAIRN ROAD MIAMI LAKES FL 33016-1448

FILED Jan 29 1997 8:00am Secretary of State



1/2/1/97

						3. Date incorporated or Qualified 04/04/1996	3a. Date of Last Report			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For		
21		26				65-0665116			Not Applicable	
Sulte, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Co	unlry	·····	8. This corporation has liability for in	alangible.			
24	25	29	30	ĺ		· · · · · · · · · · · · · · · · · · ·		1 No	1. 100,002.	
	9. Name and Address of Curren			T		10. Name and Address of New Reg	istered A	lgent		
FONG, OSVALDO 14780 GLENCAIRN ROAD MIAMI LAKES FL 33016					Namo					
					Charat Adda	room (D.O. Boy Norther in No. An-antoh	In)	····-		
					Street Addr	ress (P.O. Box Number is Not Acceptab	e)			
							<u>-</u>			
				84	City		FL	85 Zip	Code	
11. Pursuant t	o the provisions of Sections 607 050	2 and 607 1508. Florida S	tabutes. The a	L. Ibovi	e-named corr	poration submits this statement for the pi		L L changing i	ts registered	
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change values of, Section 607,050	was authorizo 5. Florida Sta	ed by itutes	/ the corporat s.	tion's board of directors. I hereby accep	t the appo	aintm ě nt as	registered	
SIGNATURE	Signature, typed or printed name of registered age	of and title if applicable.	(NOTE Trogester)	ed Age	ont signature requi	red when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	PS	☐ DELETE	1.1 T	IILE	1			Change	☐ Addition	
NAME	FAULKNER-FONG, CLAUDIA A	NN	121	IAMÉ						
STREET ADDRESS	14760 GLENCAIRN ROAD		1.3 9	TREET	I ADDRESS					
CITY-ST-ZIP	MIAMI LAKES FL 33016		1.4 0	ITY-S	ST-ZIP					
TITLE	VPT	DELETE	2.11	TLE				Change	Addition	
NAME	FONG, OSVALDO		2.2 N	IAME						
STREET ADDRESS	14760 GLENCAIRN ROAD		238	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI LAKES FL 33016		2.40	олу-з	ST- ZIP					
TITLE		DELETE						Change	Addition	
NAME			32 N	IAME)					
STREET ADDRESS			3.3 \$	TREE 1	ADDRESS					
CITY-ST-ZIP					S1 - ZIP					
TITLE		DELETE						Change	Addition	
NAME				NAME				•		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					ST - ZIP					
TITLE		DELETE			11-211			Change	Addition	
NAME			521							
STREET ADDRESS					ADDRESS					
			1		- 1					
CITY-ST-ZIP TITLE		DELETE			5T-7IP			Change	Addition	
		ייין טנונוו	62 N					ondrige	Madistall	
NAME					100000					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	47.0				51 - ZIP	1: C - 1: 410 (2(0)() F) - 1: C - 1:			(1)	
information	n indicated on this annual report or s	upplemental annual report the receiver or trustee en	rt is true and nowered to	accu	urate and that	d in Section 119.07(3)(i). Florida Statutes t my signature shall have the same logal rt as required by Chapter 607, Florida St	effect as	if made un	ider oath: that	