

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000050935 (1)  
1. Corporation Name  
TASCOMORA, INC.

Principal Place of Business KING COLE MOTEL 401 EAST SHORE DR. CLEARWATER FL 34630 US	Mailing Address KING COLE MOTEL 401 E. SHORE DR. CLEARWATER FL 34630 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 HIGHLAND SPRINGS MO Suite, Apt. #, etc. 22 401 EAST SHORE DR. City & State 23 CLEARWATER, FL Zip 24 33767		2a. Mailing Address 26 AS OVER Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 U.S.A.		3. Date Incorporated or Qualified 06/13/1996	
				4. FEI Number 59-3386032	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MRS M.S. MCGHIE 401 EAST SHORE DR. SUITE 502 CLEARWATER FL 34630				10. Name and Address of New Registered Agent 81 Name MRS. M.S. MCGHIE 82 Street Address (P.O. Box Number is Not Acceptable) 401 EAST SHORE DRIVE 83 84 City CLEARWATER FL 85 Zip Code 33767			
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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


Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IAN MCGHIE			1.2 NAME			
STREET ADDRESS	401 EAST SHORE DR.			1.3 STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER BCH FL			1.4 CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MS MCGHIE			2.2 NAME			
STREET ADDRESS	401 EAST SHORE DR.			2.3 STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER FL			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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.

SIGNATURE:  M. MCGHIE Secretary 8/5/98 813-446-8411

CR2E034 (10/97)