

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000058038 (6)

1. Corporation Name  
TANYA-MARIE, INC.

Principal Place of Business  
1890 CORSICA DRIVE  
WELLINGTON FL 33414

Mailing Address  
1890 CORSICA DRIVE  
WELLINGTON FL 33414-1070



3. Date Incorporated or Qualified 07/09/1996  
3a. Date of Last Report 1st Report

|                                |                        |  |   |
|--------------------------------|------------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number  | Applied For   |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 65-0679507   | Not Applicable  |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required  |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees   |
| 24 Country                     | 29 Country             | 30   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |
|                                |                        |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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                      | PSTD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KURLAND, BERT                        | 1.2 NAME  |   |
| STREET ADDRESS             | 1890 CORSICA DRIVE                   | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | WELLINGTON FL 33414                  | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VASD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KURLAND, DIANA                       | 2.2 NAME  |   |
| STREET ADDRESS             | 1890 CORSICA DRIVE                   | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | WELLINGTON FL 33414                  | 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERT KURLAND

Date

Daytime Phone #

1/31/97

CR2E034 (9/96)