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 #

P96000058038 (6)

TANYA-MARIE, INC.

FILED Feb 23 1998 8:00am Secretary of State



						IPAN PROBLAMBIA	 [88
Principal Place of Business Mailing Address							0100 0100 1011 1001
1890 CORSICA DRIVE 1890 CORSICA DRIVE							
WELLINGTON FL 33414		WELLINGTON FL 33414			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					07/09/1996		ļ
2, Principal F	Place of Business	2a. Mailing Address	•		4. FEI Number		Applied For
21		26			65-0679507	-	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ \$8.	75 Additional
22		27			5. Certificate of Status Desired		ee Required
City & Stat	City & State City		ity & State		6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution		ided to Fees
_ ^{Zip}	Country	Zip	Cou	ntry	8. This corporation owes or has p	– '	
24	25	[29]	30		Personal Property Tax due Jun		∐ No
	9, Name and Address of Curren			81 Name	10. Name and Address of New R	egistered Agent	
	PRPORATION SERVICE COMPAN	Y		81 Name 7	ANYA- MARIE,	TNC.	
1201 HAYS STREET				82 Street Add	dress (P.D. Box Number is Not Accepte	ible)	
TALLAHASSEE FL 32301				83	10 CORSICA DR	<u>, </u>	
				63			
				84 City	-// 4 77	— 85	Zip Code
44 5	10 4 207.050			<u> </u>	ELLINGTON	FL "	33414
office or I	10 the provisions of Sections 607.050 registered agent رحم the State	2 and 607.1508, Florida Statu of Florida, Such change was	tes, the at authorized	ove-named cor by the corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose of chang of the appointme	ing its registered
agent la	im familiar with 4 to compt the obliga	ations of, Section 607.0505, Fi	orida Stat	utes.	_	7-18-9	0
SIGNATURE		\sim $1,020$. (URLAN	uired when reinstaling)	2-11-1	7
12.	Signature, typed of confed name of registered age OFFICERS ANI		13.	Ageni signature requ	ADDITIONS/CHANGES TO OFFI	CEDS VIID DIDE	TOPS IN 12
TITLE	PSTD	DELETE	1,1 1()	ır I	ADDITIONS/CHANGES TO OFFI		ange Addition
NAME	KURLAND, BERT	_	1,2 NA				
STREET ADDRESS	1890 CORSICA DRIVE			REET ADDRESS			
CITY - ST - ZIP	WELLINGTON FL 33414			Y-ST-ZIP			ļ
TITLE	VASD	DELETE	2.1 TIT			☐ Cha	inge
NAME	KURLAND, DIANA		2.2 NA	me			· –
STREET ADORESS	1890 CORSICA DRIVE		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414			TY-ST-ZIP			
TITLE	=177	DELETE	3.1 TIT			☐ Cha	inge Addition
NAME			3.2 NA	ME		_	1
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DELETE	4.1 TIT			☐ Cha	nge Addition
NAME			4.2 NA	ME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			İ
TITLE		☐ DELETE	5.1 1(1)			Cha	nge 🔲 Addition
NAME			5.2 NA	ME			į
STREET ADDRESS			5.3 STF	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	6.1 T(T)			☐ Cha	nge Addition
NAME			6.2 NAI	ME			
STREET ADDRESS			6.3 STF	EET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y+ST-ZIP			
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify fo			Section 119.07(3)(i), Florida Statutes. I	further certify tha	t 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.

- 18-98