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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Gorporation	MENT # P96000 TAGE CORP.	06	7237									
Principal Place	of Rusiness	N	Mailing Address					1 (00)(00) (IO IBINO BINN OBIN OO	III BUILI BUIL	I BRITE LARGE UNDER	HILL HER HER
7100 NW 12TH ST., STE. 103 7100 NW 12TH ST., STE. 103 MIAMI FL 33126 MIAMI FL 33126												
							L		DO NOT WRIT	E IN THIS	SPACE	
								3. Date Incorpora 08/13/1996				
2. Principal Pl	ace of Business	2a	. Mailing Address					4. FEI Number			Ap	plied For
21		26						<u>65-069052</u>	3			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of S	tatus Desired		\$8.75	I
22		27									Fee Re	
City & State	е		City & State				Ì	6. Election Camp	-		\$5.00	•
23		28						Trust Fund Co			Added t	o Fees
Zip	Country		Zip 1		ntry	,		8. This corporation		ent year In	tangib≀e ☐ Yes	№ No
24	25	29		30	1			Personal Prop	<u> </u>	aniotarad		DEINO
	9. Name and Address of Curre	nt Regi	stered Agent		81	Name		10. Name and Ac	IGRESS OF NEW N	egistereu	Agent	
\A/LII	TTINGUAM DAVID R				"	INAITIC						
WHITTINGHAM, DAVID B 7100 NW 12TH ST., STE. 103					82	Street /	Address	s (P.O. Box Numbe	er is Not Accepta	ble)		
MIAMI FL 33126					-							
IVIDAN	WI FL 33120				83							
					84	City					85 Zip (Code
					L					FL	<u>- </u>	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Flori	ida. Such change was a if, Section 607.0505, Flo	uthorized rida Stat	utes	tne corpo	orations	s board of directors	s. I hereby accep	it the appo	intment as re	gistered
	Signature, typed or printed name of registered age				Ager	nt signature re	equired wi	hen reinstating)		DATE	UD DIDECTO	OC 11 12
12.	OFFICERS AN	ID DIR		13.				ADDITIONS/CF	IANGES TO OFF	-ICERS A	THE Change	Addition
TITLE	D		☐ DELETE	1.1 TI			ha.	ILD B. WH	ITTING HA	u	[orange	
NAME	WHITTINGHAM, DAVID B			1.2 N				727 S.W.		-		
STREET ADDRESS	9115 SW 123 AVE. CT.				-	TADDRESS	12	727 3.00.	30.67			
CITY-ST-ZIP	MIAMI FL 33186		□ 0E) ETE	_		T-ZIP	_ M	IAMI, FL	33186		Change	Addition
TITLE			☐ DELETE	2.1 TI							□ Change	
NAME				2.2 N								
STREET ADDRESS						TADDRESS						
CITY-ST-ZIP			□ 051 FTF			ST-ZIP				 	Change	Addition
TITLE			☐ DELETE	3.1 T							Change	
NAME				3.2 N								
STREET ADDRESS						TADDRESS						
CITY-ST-ZIP			□ oct care	_		ST-ZIP		 			☐ Change	☐ Addition
TITLE			☐ DELETE	4.1 Ti							Snange	
NAME				4.21								
STREET ADDRESS						TADDRESS						
CITY-ST-ZIP				_		T-ZIP					☐ Change	☐ Addition
TITLE			☐ DELETE	5.1 Ti							□ Grange	C Addition
NAME				5.2 N		TADODECC						
STREET ADDRESS				8		T ADDRESS						
CITY-ST-ZIP				5.4 C	IIY-S	T-ZIP						

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 attrachment with an address with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE.

SIGNATURE:

TITLE

NAME

STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFIFER OR DIRECTOR

4-7-99

305-596-1991

☐ Change

Addition